

Level 4 Social Services Practitioner

July 2021 Version 1.1

Qualification Handbook

Version and date	Change detail	Section
1.1 July 2021	Registration and Certification section updated	Centre Requirements

Qualification at a glance

Subject area	Health and Social Care
City & Guilds number	8040
Age group approved	18+
Entry requirements	None
Assessment	Combination of internal and external assessment
Approvals	Centre and qualification approval are required
Support materials	Qualification handbook Assessment pack
Registration and certification	Consult the Consortium website for details

Title and level	Reference number	Accreditation number
Level 4 Social Services Practitioner	8040-13	C00/4016/9

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1 Introduction

This document tells you what you need to do to deliver the qualifications:

Area	Description
Who is the qualification for?	<p>This qualification aims to develop the knowledge, understanding, behaviours and skills that underpin the role of social services practitioner.</p> <p>This qualification has been developed in close collaboration with key sector stakeholders, including Social Care Wales and Health Education and Improvement Wales (HEIW).</p> <p>This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work-based learning, further education and higher education.</p>
What does the qualification cover?	<p>This qualification will allow learners to develop the knowledge and skills required to undertake the role of social services practitioner</p>
What opportunities for progression are there?	<p>The qualification allows learners to progress within employment or further study at a higher level subject to individual HEI admission policies</p> <p>For more information on requirements to work within the Health and Social Care sector, including specific job roles, refer to the 'Qualification framework for social care and regulated childcare in Wales' which can be accessed on the Social Care Wales' website. https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales</p>
Who did we develop the qualification with?	<p>The unit content of this qualification has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.</p> <p>The content has been developed in conjunction with the consortium, as well as stakeholders, employers, tutors, and workplace assessors.</p>

Subject aims and objectives

The Level 4 Social Services Practitioner qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within the context of their chosen pathway. In particular, learners will be able to demonstrate that they

- develop and apply knowledge, understanding and skills to practice effectively as a Social Services Practitioner;
- develop and apply knowledge, understanding and skills that maintains professional accountability in their role as social services practitioner;
- develop and apply knowledge and understanding of legislation applicable to the role of social services practitioner;
- develop and apply knowledge, understanding and skills that ensures the engagement and participation of individuals and/or carers is promoted;
- develop skills as part of a team that support individuals and carers to achieve their personal outcomes;
- develop and apply knowledge, understanding and skills that promote safeguarding of individuals and/or carers;
- develop as effective and independent learners, and as critical and reflective thinkers with enquiring minds in the context of the role of social services practitioner;
- develop and apply knowledge and understanding of theories and models that support person centred-practice as a social services practitioner;
- develop self-awareness in order to improve practice as a social services practitioner;
- use literacy, numeracy and digital competency skills as appropriate within their role.

Structure

To achieve the **Level 4 Social Services Practitioner** qualification, learners must achieve a minimum of 120 credits in total.

The minimum guided learning hour requirement for this qualification is 266 hours.

To achieve the **Level 4 Social Services Practitioner** qualification, learners must achieve:

- A minimum of 120 credits from the Mandatory group.

Mandatory group			
Unit Number	Unit title	GLH	Credit
440	Understanding legislation in the context of the Social Services Practitioner role	63	16
441	Professional practice	10	9
442	Understanding theories and models and their relationship to person/child centred practice and rights based approaches	64	20
443	Understanding factors that contribute to individuals and/or carers needing care and support	60	17
444	Support the assessment and care and support planning process	27	40
445	Safeguarding individuals	42	18

Guided learning hours (GLH) and Total qualification time (TQT)

Guided Learning Hours (GLH) give an indication to centres of the amount of *supervised* learning and assessment that is required to deliver a unit and can be used for planning purposes.

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and undertaking some formative assessment activities.

Credit is calculated using a formula that equates to the TQT value divided by 10.

The minimum required TQT for this qualification is specified below.

Qualification	TQT
Level 4 Social Services Practitioner	1200

2 Centre requirements

Qualification approval

This qualification will require centre and qualification approval. This will include desk-based assessment.

Centre approval is based upon an organisation's ability to meet the centre approval criteria. The approval for this qualification can be found detailed in the following documents:

- Administration Handbook (*Introduction to working with City & Guilds and WJEC*)
- Our Quality Assurance Requirements
- Quality Assurance Model

Prospective centres will be advised to seek centre and qualification approval, as appropriate, prior to starting to deliver the qualification.

The Consortium aims to provide centre and qualification approval decision within 30 working days of the submission of the completed application, with four possible outcomes:

- Centre approval and qualification approval granted
- Centre approval and qualification approval granted subject to action plan
- Centre approval and qualification approval withheld subject to action plan
- Centre approval and qualification approval denied.

Centre and qualification approval are deemed to have been granted when City & Guilds confirms the status in writing to the centre, and not before.

Centres will be required to apply for approval for this qualification and to meet the specific centre requirements outlined in this document related to delivery staff and assessor competence. These requirements will be checked and monitored as part of the qualification approval process and on-going monitoring of this qualification.

Registration and certification

Learners for this qualification are registered on the Pro Platform to support the external assessment element. The Pro Platform allows centres to submit registrations on a 'roll-on/roll-off' basis i.e. registrations can be submitted at any time and in any number throughout the calendar year.

Learners for this qualification must **not** be registered on Walled Garden.

Access to the Pro Platform is provided to centres on successful approval of this qualification. There are guides available in the 'Welsh Qualifications' tab in the Support Materials section of Pro to guide centres to make registrations, either by individual learner or in bulk.

Learners will be certificated through the Walled Garden.

Centre staffing

Assessor requirements

The internal assessor will be responsible for making the final assessment judgements for the internally assessed tasks within the qualification.

The Assessors of this qualification must:

- be occupationally competent - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing – this would include competence in relation to the assessment and care planning process with individuals and/or carers. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through clearly demonstrable continuing learning and professional development
- hold a **social work qualification** recognised by Social Care Wales
- hold one of the current assessor qualifications e.g.
 - Level 3 Award in Assessing Competence on the Work Environment or;
 - the A1 Assessors Award or D32/33 units

or a practice assessment/educator qualification recognised by Social Care Wales.

Where assessors have legacy assessor qualifications, they must demonstrate that they are assessing in line with current assessment standards or another suitable qualification equivalent/alternative in the assessment of work-based performance. This must be agreed in advance with the centre's External Quality Assurer.

The consortium also accepts alternative nationally accredited assessor qualifications. A comprehensive list of these are available on the qualification webpage.

If an assessor is occupationally competent, but working towards completion of an assessor qualification, then a counter-signing arrangement must be in place with a qualified assessor.

Internal quality assurers

Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.

The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:

- hold or be working towards the current Quality Assurance qualifications, e.g.
 - Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
 - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
 - Hold the D34 unit or V1 Verifiers Award.

Where working towards an IQA qualification there must be a countersigning arrangement in place from a qualified IQA from the same or related occupational area.

Welsh context

For individuals who have not previously conducted assessment activities in Wales, it is suggested that having an awareness of Welsh language and an understanding of Welsh culture, policy and context would be beneficial to support their roles.

Continuing professional development

Centres are expected to support their staff in ensuring that their knowledge and competence in the occupational area is current and of best practice in delivery, mentoring, training, assessment and quality assurance and that it takes account of any national or legislative developments.

Candidate entry requirements

City & Guilds does not set any additional entry requirements for this qualification. However, centres must ensure that candidates have the potential and opportunity to gain the qualifications successfully.

Entries for the qualification can be made via the Walled Garden, see the Consortium website for further details.

Age restrictions

The Consortium cannot accept any registrations for candidates under 18 as this qualification is not approved for under 18s.

3 Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs,
- support and guidance they may need when working towards their qualification,
- any learning they have already completed which is relevant to the qualification,
- the appropriate type and level of qualification.

It is recommended that centres provide an induction programme so the learner fully understands the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

External associates/appointees

Associates/Appointees are the terms adopted by the Consortium to refer to individuals appointed by City & Guilds or WJEC to undertake specific roles on their behalf, for example, external verifiers or external assessors.

There are criteria set by the Consortium to ensure that all associates/appointees have the right occupational knowledge, experience and skills to perform the specific role.

The Consortium will ensure that all associates/appointees undertaking a quality assurance role in centre approval, qualification approval and assessment decisions are trained, appropriately qualified and occupationally competent. Training and attendance at standardisation events are mandatory.

All associates/appointees are performance managed by staff within the Consortium. If concerns are identified with an individual, each Consortium partner will take corrective action which may include improvement actions and close monitoring or in some instances quality issues in performance may lead to the Awarding Body contract with the associate/appointee being terminated.

External assessors

For this qualification, a pool of external assessors will be recruited by City & Guilds who will conduct the external assessment and determine the assessment decision for all candidates who complete the external assessment element of this qualification.

The Assessors of this qualification must:

- be occupationally competent - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing – this would include competence in relation to the assessment and care planning process with individuals and/or carers. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through clearly demonstrable continuing learning and professional development
- hold a **social work qualification** recognised by Social Care Wales
- hold one of the current assessor qualifications e.g.
 - Level 3 Award in Assessing Competence on the Work Environment or;
 - the A1 Assessors Award or D32/33 units

or a practice assessment/educator qualification recognised by Social Care Wales.

The consortium also accepts alternative nationally accredited assessor qualifications. A comprehensive list of these are available on the qualification webpage.

If an assessor is occupationally competent, but working towards completion of an assessor qualification, then a counter-signing arrangement must be in place with a qualified assessor.

All external assessors will go through initial training on the assessment approach. External assessors will be subject to standardisation and lead sampling. Annual training and standardisation events will be held with all assessors.

Lead assessors will support the recruitment and training of new assessors, utilising examples of best practice and providing support for assessment activities.

The Consortium will ensure that sufficient bilingual associates/appointees are recruited to meet the needs of Welsh-medium centres and learners. The level of quality assurance activity will be consistent across provision in both English and Welsh mediums. Provision will be made for monitoring and standardisation to take place for both languages.

All associates/appointees who are considered to be engaging in regulated activity will be subject to a Disclosure and Barring Service (DBS) check and will receive a safeguarding briefing prior to visiting a centre.

External quality assurers

Those performing the external quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.

The consortium requires Associates/appointees to hold an external quality assurance qualification, either:

D35 - Externally Verify the Assessment Process (D35) or V2 - Level 4 Certificate in Conducting External Quality Assurance of the Assessment Process (V2)

Level 4 External Quality Assurance of Assessment Processes and Practice.

Associates/appointees will be working towards or have achieved the current external quality assurance qualification (TAQA) or a legacy qualification such as V2/D35

Where working towards EQA requirements there must be a countersigning arrangement in place from another EQA from the same or related occupational area.

Moderation of internal assessment arrangements

External quality assurance processes are in place for checking the validity and reliability of internal assessment judgements and processes made and followed by centre staff, as appropriate to this qualification.

The internal assessment judgements and processes will be subject to risk-based monitoring and sampling by external quality assurers to ensure the consistency and validity of centre assessment judgements. Quality assurance activities will be undertaken by appropriately qualified and trained assessment associates. In all instances of sampling of the internal assessment judgements and processes for quality assurance, formal written feedback will be provided by City & Guilds.

Significant non-compliance or areas of concern identified during external monitoring will be subject to investigation by the Consortium. As a result of this activity appropriate improvement actions and/or sanctions may be put in place. In some instances, investigations may result in de-registration for the centre(s) in question.

For further information on the external monitoring process please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at www.healthandcarelearning.wales.

Internal appeal

Centres must have an internal process in place for learners to appeal the marking of internally marked assessments. The internal process must include learners being informed of the results the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

Factors affecting individual candidates

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the JCQ form, JCQ/LCW, to inform City & Guilds Customer Services of the circumstances.

Candidates who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by learners and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of learner and centre

malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of learner malpractice are detailed below (please note that this is not an exhaustive list):

- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another candidate (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (e.g. disqualification from assessment) will be applied.

Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

Access arrangements and special consideration

Access arrangements are adjustments that allow candidates with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the *JCQ access arrangements and reasonable adjustments* and *Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website: <http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments>

Special consideration

We can give special consideration to candidates who have had a temporary illness, injury or indisposition at the time of assessment. Where we do this, it is given after the assessment.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer (or individual conducting an equivalent role) at the centre. For more information please consult the current version of the JCQ document, *A guide to the special consideration process*. This document is available on the City & Guilds website: <http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments>

4 Assessment

Summary of assessment methods

Candidates must successfully complete:

- a portfolio of evidence
- direct observations of practice
- a reflective account of practice
- an account related to legislation
- a professional discussion

The assessments have been designed for candidates to show their knowledge, understanding and skills of the mandatory content. The assessments cover a range of written elements to reflect knowledge and understanding, as well as practice elements that include the direct observation of learner practice to confirm their competence in the practical skills required.

An assessment pack detailing the specific requirements of the assessment can be downloaded from the Consortium website.

Simulation

Simulation involves the creation of an artificial situation for purposes of assessment. The use of simulation should be restricted to obtaining evidence where it cannot be naturally generated through normal work activities (e.g. due to concerns related to health and safety).

For this qualification, simulation is **not** permitted.

Time constraints

The following must be applied to the assessment of this qualification:

- all units must be undertaken, and related requirements must be completed and assessed within the candidate's period of registration.

Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. RPL is **not** allowed for this qualification

The qualification will be awarded based on completion of all of the assessment tasks. Candidates must achieve a pass in all assessments to be awarded an overall qualification grade.

Re-sit opportunities

There is no restriction on the number of re-sits allowed for this qualification.

Please see the assessment pack for guidance on re-sit opportunities available for candidates completing the assessments, and for guidance on when a candidate is unsuccessful in completion of any element of the assessment.

Roles

The following roles will be involved in the assessment of this qualification.

Internal assessor¹ – a qualified assessor, provides support for the assessment delivery. The internal assessor will be responsible for making assessment judgements for the internally assessed tasks.

External Quality Assurer – responsible for confirming that the planning, delivery and assessment of the internally assessed tasks have been carried out in accordance with City & Guilds policies and procedures.

Internal Quality Assurer – ensures that all internally-submitted assessment evidence is of a consistent and appropriate quality.

Employer/Manager – understands the normal internal processes of the workplace/setting, documentation, communication systems etc and can assess whether the candidate is using them appropriately. Where appropriate can provide expert witness testimony for the portfolio in relation to day to day workplace practice.

Other Professional – an expert witness – for specialist procedures or for the coverage of units that require specific expertise, settings may provide additional expert witness testimony.

City & Guilds External assessor² – a qualified assessor, appointed by City & Guilds, and responsible for making the final assessment judgement of the candidate for the externally-assessed tasks.

City & Guilds Lead Assessor – will be responsible for sampling and standardising the assessment judgement determined by external assessors.

Tutor - provides the delivery of knowledge and understanding of the qualification content. The tutor may support access to assessment but is not responsible for making any decision on assessment outcomes.

Note

In circumstances where the candidate is working in a situation where there is no direct managerial relationship, it would be expected that the process elements that are stated here as requiring ownership by the manager role, would instead be fully undertaken through the role of the assessor.

¹ For confirmation of the internal assessment requirements for this qualification, please see the 'Centre requirements' section of this Qualification Handbook

² For confirmation of the external assessment requirements for this qualification, please see the 'Delivering this qualification' section of this Qualification Handbook

5 Units

Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
440	Understanding legislation in the context of the Social Services Practitioner role
441	Professional practice
442	Understanding theories and models and their relationship to person/child centred practice and rights based approaches
443	Understanding factors that contribute to individuals and/or carers needing care and support
444	Support the assessment and care and support planning process
445	Safeguarding individuals

Guidance for the delivery of unit content

The following summary provides guidance on the different elements that are found within the units and information on unit delivery.

Guided learning hour (GLH) value

This value indicates the amount of Guided Learning Hours the unit will require for delivery to a candidate on average. This includes contact with tutors, trainers or facilitators as part of the learning process, and includes formal learning including classes, training sessions, coaching, seminars and tutorials. This value also includes the time taken to prepare for, and complete, the assessment for the unit. Guided learning hours are rounded up to the nearest five hours.

Credit value

This value is based on the guided learning hours **plus** any additional learning time or additional activities that the learner will need to take to complete the unit. For example, this may include time for informal learning, private study, practice, reflection etc. The total number of hours is divided by ten to get the credit value. Credit values are rounded up to the nearest whole number.

Unit summary

This provides a short, high level summary of the unit content including what knowledge and practice is covered. The unit summary may also provide information on types of settings the unit relates to or is precluded from delivery in.

Learning outcomes

Learning outcomes group together chunks of related knowledge and are presented as the result of the learning process i.e. what learners must understand or be able to do following teaching and learning. All learning outcomes are supported by a number of assessment criteria.

Assessment criteria

Assessment criteria break down the learning outcome into smaller areas to be covered. Assessment criteria may be supported by range, indicated by words or phrases in **bold**.

Range

Some words or phrases within assessment criteria are presented in **bold**, this means a range has been provided and will be presented at the bottom of the learning outcome. The range contains information about the depth and amount of detail required for a specific assessment criterion. The range is not an exhaustive list, there may be other examples that could fit within that topic area, however those that are listed in the range are key for the delivery of the unit content – **all elements listed in the range must be covered as part of the delivery of the unit.**

Guidance for delivery

This guidance is aimed at tutors, trainers or facilitators when teaching the unit and provides specific considerations for delivery of the content of the unit where applicable. For example, links that can be made across units within the qualification or examples of how the content can be presented to learners.

Related NOS

These are presented as a guide for tutors, trainers or facilitators delivering the content and give an indication of where the unit content may link to associated NOS. These are not presented as an exhaustive list and are for guidance only. There is no requirement for NOS to be presented as part of unit learning delivery. NB – although every attempt will be made to keep those listed up to date, updated or reviewed versions of NOS may supersede those listed.

Related legislation and guidance

These are provided as a reference and context for the unit and may be used to support the delivery of the content and provide wider context. These are not presented as an exhaustive list and are for guidance only. All legislation, guidance, websites, documentation etc. listed should be checked for currency and relevance before delivery of the unit content.

Unit 440

Understanding legislation in the context of the Social Services Practitioner role

Level:	4
GLH:	63
Credit:	16
Unit Summary:	<p>This unit aims to support learners to develop the knowledge and understanding of the range of legislation that is applicable in the context of the role of Social Services Practitioner.</p> <p>In the context of this unit, the term 'individuals' relates to adults and children and young people.</p>

Learning outcome:

1. Understand the importance of developing knowledge of legislation and standards that apply in Wales

Assessment criteria

You understand:

- 1.1 Why it is important for Social Services Practitioners to have knowledge and understanding of legislation and how this relates to their role
- 1.2 The importance of understanding the **inter-relationship** between different pieces of legislation and how this may impact on:
 - the role of Social Services Practitioners
 - individuals and carers
- 1.3 The role of the Older People's Commissioner and the Children's Commissioner in setting standards that aim to improve outcomes for adults and children and young people

Range

Inter-relationship: supporting and challenging

Learning outcome:

2. Understand the Social Services and Well-being (Wales) Act 2014

Assessment criteria

You understand:

- 2.1 The aim, purpose and principles of the Social Services and Well-Being (Wales) Act
 - 2.2 The definition of well-being and the role of early intervention and prevention services
-

- 2.3 The definition and role of Information, Advice and Assistance
 - 2.4 The National Outcomes Statements and how these relate to the principles of the Act
 - 2.5 The assessment process - including eligible and ineligible needs
 - 2.6 How the Act legislates for the assessment and support of carers as well as individuals
 - 2.7 Direct payments, how these are defined and how they can be used
 - 2.8 The care and/or support planning process and the review process
 - 2.9 The different forms of advocacy defined in the Act and the Code of Practice
 - 2.10 When independent professional advocacy is triggered under the Act
-

Learning outcome:

- 3. Understand legislation that relates to children and young people

Assessment criteria

You understand:

- 3.1 The main **provisions** of the Children Act 1989 and 2004 that apply in Wales
 - 3.2 The main **provisions** of the Children and Family Act 2014 that apply in Wales
 - 3.3 Parts of the Social Services and Well-Being Wales Act that apply specifically to children and young people
 - 3.4 National policy and guidance related to young people leaving care
 - 3.5 The Rights of Children and Young Persons (Wales) Measure 2011
 - 3.6 The United Nations Convention on the Rights of the Child
 - 3.7 When a child or young person has a right to access an Independent Advocate
 - 3.8 Other legislation, national policy and guidance that promote the rights of children and young people
-

Learning outcome:

- 4. Understand the Regulation and Inspection of Social Care (Wales) Act 2016

You understand:

- 4.1 The aim and purpose of the Regulation and Inspection of Social Care (Wales) Act
 - 4.2 How the Regulation and Inspection of Social Care (Wales) Act applies to the role of Social Services Practitioners
-

Learning outcome:

- 5. Understand the Human Rights Act

Assessment criteria

You understand:

- 5.1 The aim, purpose and **application** of the Human Rights Act 1998
 - 5.2 How human rights law has been incorporated into other legislation, national policy and guidance
 - 5.3 The articles of the Human Rights Act
 - 5.4 UN Conventions and Human Rights Instruments and how these relate to the Human Rights Act
-

Range

Application: where it applies and responsibilities, role of public bodies/authorities

Learning outcome:

6. Understand the Equality Act

Assessment criteria

You understand:

- 6.1 The aim, purpose and application of the Equality Act 2010
 - 6.2 Protected characteristics and how these are defined
 - 6.3 How the Equality Act has been used to further the development of equality and anti-discriminatory practice in the UK
 - 6.4 Types of prohibited behaviour and how these are defined
 - 6.5 Reasonable adjustments and how these should be used to ensure that disabled individuals are not disadvantaged
 - 6.6 Specific duties under the Equality Act for public sector bodies in Wales
-

Learning outcome:

7. Understand the Mental Capacity Act

Assessment criteria

You understand:

- 7.1 The aim and purpose of the Mental Capacity Act (2005)
- 7.2 The main **provisions** introduced with the Mental Capacity Act and how these may be used to assist individuals to plan ahead
- 7.3 The key principles of mental capacity legislation
- 7.4 The two stages of a capacity assessment, who can undertake these
- 7.5 How Social Services Practitioners can use the Mental Capacity Act to protect an individual's human rights
- 7.6 The process of undertaking a best interest meeting and who should be involved in these
- 7.7 Liberty Protection Safeguards and how these should be applied
- 7.8 How to raise concerns about restrictions or deprivations of liberty
- 7.9 The inter-relationship between the Mental Capacity Act and Mental Health Act
- 7.10 When there is a duty and a power to refer to an Independent Mental Capacity Advocate

Range

Provisions: lasting powers of attorney, court deputy, advance decisions, official solicitor, litigation friend

Learning outcome:

8. Understand the Mental Health Act

Assessment criteria

You understand:

- 8.1 The aim and purpose of the Mental Health Act 1983, as amended by the Mental Health Act 2007, Mental Health (Wales) Measure 2010
- 8.2 The difference between formal and informal patients under the Mental Health Act
- 8.3 What is meant by the term 'compulsion'
- 8.4 The **routes** and criteria for being detained under the Mental Health Act
- 8.6 When there is a duty to inform an individual to their right for support from an Independent Mental Health Advocate
- 8.7 Where there is a duty to consider a referral to Independent Mental Health Advocate for non-instructed advocacy
- 8.8 **Powers** within current mental health legislation and who may exercise these
- 8.9 A range of **safeguards** within the current mental health legislation.

Range

Routes: for individual patients who are admitted to hospital by force under civil and forensic sections, made subject to guardianship, made subject to the Supervised Community Treatment Order

Powers: detaining powers, treatment powers, holding powers, police powers

Safeguards: First Tier Tribunal, Hospital Managers' Hearing, Nearest Relative, Independent Mental Health Advocate, right to request a Second Opinion Appointed Doctor, right to complain

Learning outcome:

- 9. Understand legislation related to Welsh language

Assessment criteria

You understand:

- 9.1 Legislation related to Welsh Language and how this relates to the role of the Social Services Practitioner
- 9.2 The importance of the 'Active Offer' for the well-being of individuals
- 9.3 The key principles and provisions of the Welsh Language Act (1993) and Welsh Language Wales Measure (2011)
- 9.4 Requirements set by Welsh Language legislation for public bodies
- 9.5 How to raise concerns around the application of Welsh Language legislation

Unit 440

Understanding legislation in the context of the Social Services Practitioner role

Supporting Information

Guidance for delivery

Carers/young carers - The Social Services and Well-being (Wales) Act (the Act) defines a carer as “a person who provides or intends to provide care for an adult or disabled child”.

The definition is broad and includes adult carers, young carers, young adult carers, parent carers (caring for a disabled child) and so-called sandwich carers (these are people caring for an older person/relative as well as bringing up a family).

The Welsh Government defines young carers as being carers who are under the age of 18.

Whilst someone under 18 is still regarded as a carer their rights as a young carer will differ at times to those of an adult.

The Code of Practice for Part 3 of the Act defines young adult carers as being aged 16-25.

A person is not a carer under the Act if the person provides or intends to provide care (a) under a contract, or (b) as voluntary work.

Direct payments:

The Act sees direct payments as enhancing an individual’s ability to have real choice and control as to how to meet their personal outcomes: it encourages their use. Where eligible care and support needs, or support needs in the case of a carer, have been identified and that individual, or their representative, expresses a wish to receive one, direct payments must be made available in all cases where they enable personal outcomes to be achieved.

Direct payments are designed to be used flexibly and innovatively, and there should be no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support. The Act removes some current exclusions of certain classes of payments (with appropriate safeguards).

A key change is that direct payments are able to be provided for any identified need for support a local authority is to meet including, unlike previously, in long term residential settings.

An adult, child / their family or carer will be able to use their direct payments to purchase their care and support directly from their local authority if they wish (previously prohibited).

The previous direct payment regulations allowed the employment of close relatives living in the same household so long as the local authority agreed that this was necessary for the individual’s requirements. This is now viewed and expressed more positively so long as the local authority has no doubts as to the individual’s wish for such an arrangement and are assured that the individual’s personal outcomes will be met by this arrangement.

Many people use the direct payment to become an employer e.g. by employing a personal assistant (PA). If so, the local authority should give people clear advice as to their responsibilities when managing direct payments.

In general, people should be given assistance to maintain their ability to receive a direct payment where they are unable or unwilling to manage one.

Eligibility for care and support:

The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, or support plan for a carer, and ensuring that the plan is delivered.

If the provision of care and support cannot help the person achieve their personal outcomes the question of eligibility does not arise. It is not the purpose of the eligibility criteria to draw local authority care and support services into challenges they cannot address (such as provision of health care, employment, or education).

If the individual's personal outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carers, the individual has an eligible need.

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. There are no longer any thresholds in relation to eligibility. Determining eligibility is not about giving a right to any one service; it is about access to care and support to meet personal outcomes.

Note that the National Minimum Core Data Set (NMDS) must be completed as part of the initial assessment.

The regulations specifically identify needs which meet the eligibility criteria for children. Identifying whether there would be an adverse effect on the development of the child if the need goes unmet is crucial. Assessing children's needs must be about ensuring their best interests are met and their welfare safeguarded.

A key part of assessment must be to establish whether there is reasonable cause to suspect that an adult or child is experiencing or at risk of abuse, neglect or other harm.

Key elements of an *assessment* of need:

The Act required local authorities to make significant changes in how they respond to individuals with needs for care and support and in the services that they commission. The implementation of the Act required a change to assessment practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support the individual requires to achieve the personal outcomes 'that matter to them' – outcomes identified through a respectful conversation about how the individual and / or their family wants to exercise control over decisions about their care and support.

The process of assessment should be based on the principles of co-production so that practitioners and individuals share the power to plan together. This might mean a shift in relationship between professionals and people who use services. For professionals it will be important not to be too risk averse, and to enable and empower individuals.

Developing a strengths-based approach is seen as a key aspect of working collaboratively between the individual supported and the professional(s) supporting them, working together to determine outcomes that draw on the individual's strengths and assets.

The primary focus is not on problems or deficits, but building on people's resources and assets, including people's strengths, abilities and families or communities. Practitioners may like to use the following list to consider their own practice:

- Outcome-orientated: the central element of a strengths-based approach is the extent to which people themselves identify the outcomes they would like to achieve in their lives (for those with parental responsibility for under 16s, the outcomes they would like for their child) and practitioners then work with them to achieve desired outcomes.
- Ability to understand and develop community responses to the need for care and support of individuals, rather than assessment for services.
- Reduce reliance on formalised prescriptive approaches and further emphasise the use of professional judgement. Professionals should move towards empowerment while keeping the individual's welfare and / or well-being in mind at all times.
- Undertake assessments proportionate to the severity of the need for care and support and the complexity of the situation.

National **assessment** and **eligibility** tool

Assessments must, as a minimum, record information in line with the national assessment and eligibility tool, which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:

- assess and have regard to the person's circumstances;
- have regard to their personal outcomes;
- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person if the outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which any person(s) with parental responsibility wishes to achieve for the child), and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Effective assessments should be valuable experiences in themselves. They should build a better understanding of someone's situation, identify the most appropriate approach, and establish a plan for how they will achieve their personal outcomes.

Forms of Advocacy:

Self-advocacy - when individuals represent and speak up for themselves.

Informal advocacy - when family, friends or neighbours supporting an individual in having their wishes and feelings heard, which may include speaking on their behalf.

Collective advocacy - involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice.

Peer advocacy - one individual acting as an advocate for another who shares a common experience or background.

Citizen advocacy - involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual.

Independent volunteer advocacy - involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals.

Formal advocacy - may refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly.

Independent professional advocacy - involves a one-to-one partnership between an independent professional advocate who is trained and paid to undertake their professional role as an advocate. This might be for a single issue or multiple issues. Independent professional advocates must ensure individuals' views are accurately conveyed irrespective of the view of the advocate or others as to what is in the best interests of the individuals.

Instructed Advocacy: usually advocates are instructed by the individual, even if the latter has not referred themselves to the advocacy scheme. Together, they are able to establish a relationship and identify the advocacy issues, goals and intended outcomes in accordance with the wishes and preferences and consent of the user.

Non-instructed advocacy may be needed when matters of communication and capacity mean that instruction and the expression of choices and concerns are not forthcoming. It is:- "...taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives." (Henderson (2006)). Non-instructed advocates may adopt different approaches to representing the person based upon human rights, being person-centred, maintaining oversight or acting as a witness and observer.

How human rights law has been incorporated into other legislation, national policy and guidance: for example; The Social Services and Well-Being (Wales) Act 2014, The Children's Rights Measure 2011, the Independent Living Framework

Key principles of the Welsh Language Act 1993: this relates to the desirable outcomes of the Welsh Language Act 1993

Legislation related to Welsh Language: to include Welsh Language (Wales) Measure 2011

Mental Capacity Act:

The Mental Capacity Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future.

The Act can apply to all sorts of decision such as:

- major decisions such as decisions about personal finance, social care or medical treatment
- everyday decisions such as decisions about what to wear or eat

The law works on the principle that everyone is assumed to have capacity to make decisions for themselves if they are given enough information, support and time. It protects their right to make their own decisions and to be involved in any decisions that affect them. A person's capacity must be judged according to the specific decision that need to be made, and not solely because of their illness, disability, age, appearance or behaviour.

An important principle in the law is that just because someone is making what seems to be an unwise decision (even if they have an illness or disability) this does not necessarily mean they lack capacity. There are legal safeguards that must be followed when making a decision on behalf of some who lacks the capacity to make the decision - it must be done in their 'best interest'.

The Act has 5 guiding principles:

Principle 1: A presumption of capacity – a person has a right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that a person cannot make a decision for themselves just because they have a particular medical condition or disability, e.g. dementia.

Principle 2: People must be supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

Principle 3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat a person as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests – and not in order to protect the agency or the interests of others at the expense of the person.

Principle 5: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

If an individual has been assessed as lacking capacity to make decisions in relation to a specific area then any decisions made on their behalf must be made in their best interests:

<https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/#.XO0DdsHQZPw>

In certain circumstances an individual may need to be deprived of their liberty so that they can remain safe and be given the care and treatment they need:

<https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/Mental-Capacity-Guidance-Note-Best-Interests-April-2019.pdf>

Mental Health Act: The guiding principles that should always be considered when making decisions under the Mental Health Act are laid out in the Code of Practice for Wales:

- Dignity and respect
- Least restrictive option and maximising independence
- Fairness, equality and equity
- Empowerment and involvement
- Keeping people safe
- Effectiveness and efficiency

Mental Health Measure: The guiding principles which underpin the Mental Health (Wales) Measure 2011 are set out in the Code of Practice for Parts 2 and 3:

[http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20\(Wales\)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf](http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20(Wales)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf)

The Measure is made up of 6 parts but there are 4 main parts which relate to the direct provision of services for individuals:

<http://www.mentalhealthwales.net/mental-health-measure/>

Mental Health Review Tribunal: The Code of Practice (for Wales, 2016) for the Mental Health Act explains the role of the Mental Health Review Tribunal for Wales who provide a significant safeguard to people under restriction of the Mental Health Act.

<https://gweddi.gov.wales/docs/dhss/publications/160920mentalacten.pdf>

National well-being outcomes:

National Well-being Domains	Well-being outcome statements (taken from the National Well-being Statement) The full version of the Well-being Statement can be found at: http://gov.wales/docs/dhss/publications/150722well-being.pdf
Securing rights and entitlements Also for adults: Control over day to-day life	<ul style="list-style-type: none"> • I know and understand what care, support and opportunities are available and use these to help me achieve my well-being • I can access the right information, when I need it, in the way I want it and use this to manage and improve my wellbeing • I am treated with dignity and respect and treat others the same • My voice is heard and listened to • My individual circumstances are considered

	<ul style="list-style-type: none"> • I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me
Physical and mental health and emotional well-being	<ul style="list-style-type: none"> • I am healthy and active and do things to keep myself healthy • I am happy and do things that make me happy • I get the right care and support, as early as possible • Protection from abuse and neglect • I am safe and protected from abuse and neglect • I am supported to protect the people that matter to me from abuse and neglect • I am informed about how to make my concerns known
Education, training and recreation	<ul style="list-style-type: none"> • I can learn and develop to my full potential • I do the things that matter to me
Domestic, family and personal relationships	<ul style="list-style-type: none"> • I belong • I contribute to and enjoy safe and healthy relationships • Contribution made to society • I engage and make a contribution to my community • I feel valued in society
Social and economic well-being	<ul style="list-style-type: none"> • I contribute towards my social life and can be with the people that I choose • I do not live in poverty • I am supported to work • I get the help I need to grow up and be independent • I get care and support through the Welsh language if I want it
Suitability of living accommodation	<ul style="list-style-type: none"> • I live in a home that best supports me to achieve my well-being

Other legislation and national policy and guidance that promotes the rights of children and young people: e.g. Additional Learning and Education Tribunal (Wales) Act, youth offending, age assessment, exclusion from education, bullying, working with asylum children, reducing restrictive practices, children in the secure estate

UN Conventions and Human Rights Instruments: UN Convention on the Rights of Persons with Disabilities (UNCRPD), UN Principles for Older People, UN Convention on the Elimination of all forms Discrimination Against Women (CEDAW), UN Convention on the Rights of the Child (UNCRC)

Related legislation and guidance

- Social Services and Well-Being (Wales) Act 2014 and associated statutory guidance and Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Children Act 1989 and 2004
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
<http://www.legislation.gov.uk/anaw/2018/2/contents/enacted>
- Human Rights Act (1998) <https://www.legislation.gov.uk/ukpga/1998/42/contents>
- Universal Declaration on Human Rights (this led to the European convention, which in turn led to the HRA)
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- UN Convention on the Rights of Persons with Disabilities (UNCPRD)
- UN Principles for Older People
- UN Convention on the Elimination of all forms Discrimination Against Women (CEDAW)
- UN Convention on the Rights of the Child (UNCRC)
- International Covenant on Civil and Political Rights (binding on signatories)
- International Covenant on Economic, Social, and Cultural Rights (binding on signatories)
- Convention on the Elimination of all forms of Racial Discrimination
- Mental Health Act (1983) amended 2007
<https://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Health Act Code of Practice for Wales (2016)
<https://gwedhill.gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>
- Mental Health (Wales) Measure 2010
<https://www.legislation.gov.uk/mwa/2010/7/contents>
- Liberty Protection Safeguards (LiPS)
- The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)
- Ask and Act: Domestic Abuse, Sexual Violence and Violence against Women
<https://livefearfree.gov.wales/policies-and-guidance/ask-and-act?lang=en>
- Crisis Care Concordat: Improving care and support for people detained under s.135/136 Mental Health Act
<https://gwedhill.gov.wales/docs/dhss/publications/161109concordaten.pdf>
- Equality Act (2010)
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
www.legislation.gov.uk/wsi/2011/1064/pdfs/wsi_20111064_mi.pdf
- General Data Protection Regulation
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf
- Welsh Language Act (1993)
<https://www.legislation.gov.uk/ukpga/1993/38/contents>
- Welsh Language (Wales) Measure 2011
<http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>
- Protection of Freedoms Act 2012
<https://www.gov.uk/government/publications/protection-of-freedoms-bill>

Resources

- <https://socialcare.wales/hub/resources> - learning materials for the Social Services and Well-Being (Wales) Act and Regulation and Inspection of Social Care (Wales) Act
- Mental Health in Wales Fundamental Facts 2016
<https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>
- Welsh language:
<http://www.comisiynyddygydraeg.cymru/English/Organisations/Pages/What-are-standards.aspx>
- Welsh language resources <https://socialcare.wales/learning-and-development/using-welsh-at-work>
- Youth Justice Board Standards for children in the youth justice system 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780504/Standards_for_children_in_youth_justice_services_2019.doc.pdf

Unit 441

Professional practice

Level:	4
GLH:	10
Credit:	9
Unit Summary:	<p>The aim of this unit is to support learners to reflect on and develop their professional practice in social services practitioner role.</p> <p>In the context of this unit, the term 'individual' relates to adults and children and young people.</p>

Learning outcome:

1. Ensure that own continual professional development meets standards and requirements and reflects best practice in the context of working in Wales

Assessment criteria

You understand:

- 1.1 Professional responsibilities and accountabilities within the context of relevant legislative frameworks, standards and Codes of Conduct and Professional Practice
- 1.2 Legislative, regulatory and organisational requirements related to Duty of Candour and the importance of being open and honest if things go wrong
- 1.3 Accountability for quality of own practice
- 1.4 The importance of recognising and adhering to the boundaries of own role and responsibilities
- 1.5 How and when to seek additional support in situations beyond own role, responsibilities, level of experience and expertise or unsure as to how to proceed in a work matter
- 1.6 The purpose of undertaking personal and professional development and own responsibility for doing so
- 1.7 The range of learning opportunities and how to access them
- 1.8 How to use learning opportunities effectively to improve own knowledge, understanding, skills and practice, including learning from day to day experiences
- 1.9 How to use sources of information to develop evidence informed practice
- 1.10 How to apply learning and transfer skills into new situations

You are able to work in ways that:

- 1.11 Ensure own compliance with legislative requirements, standards and Codes of Conduct and Professional Practice for continuing professional development
- 1.12 Use relevant literature, research and reviews to ensure that practice is current and effective

- 1.13 Evaluate and routinely review own knowledge, understanding and skills against:
- relevant legislative requirements
 - relevant standards and frameworks
 - Codes of Conduct and Professional Practice
 - evidence informed practice

to identify areas for improvement

- 1.14 Seek feedback and reflect on the way that own practice:
- values, respects, promotes and celebrates diversity
 - recognises and promotes Welsh language and culture
 - applies the 'Active Offer'
 - effectively challenges inequality
 - promotes a culture that is fair, inclusive and anti-discriminatory
 - upholds the profession of health and social care
 - role models adherence to the Codes of Conduct and Professional Practice
 - recognises and uses sensitively the power that comes from own role
- 1.15 Use development opportunities to improve knowledge, understanding, skills and practice
- 1.16 Use sources of information to develop evidence informed practice
-

Learning outcome:

2. Meet requirements for presenting, recording, reporting and storing information

Assessment criteria

You understand:

- 2.1 Legislative requirements for **handling information**
- 2.2 Protocols for gaining and confirming consent:
- of individuals and families/carers when sharing information with services and professionals
 - of individuals when sharing information with families/carers
- 2.3 The format and purpose of records, reports and sharing of information and how this should be **presented**

You are able to work in ways that:

- 2.4 Ensure that own practice complies with requirements for recording, reporting and storage of information in the work setting
- 2.5 Adhere to protocols for sharing information with services, professionals, families/carers
- 2.6 Ensure that own records and reports are:
- accurate
 - dated
 - objective
 - understandable
 - legible
 - accessible
 - reflect the views of individuals and/or families/carers
 - respectful of individuals and/or families/carers
-

- written in ways that do not stigmatise or reinforce negative perceptions of individuals and/or families/carers
- use accurate language and descriptors for specific conditions
- differentiate between fact and opinion
- presented to those who need to make decisions or take actions
- stored, shared and retained in accordance with organisational policies, legal requirements and data protection

Range

Handling information: storing, recording, confidentiality, sharing

Presented: in writing and verbally

Learning outcome:

3. Develop effective partnership working

Assessment criteria

You understand:

- 3.1 The principles and **protocols** for partnership working
- 3.2 What the term 'co-production' means in relation to partnership working
- 3.3 The range and role of partners, professionals and agencies in health and social care
- 3.4 How legislation informs the need to work in partnership for individuals and carers
- 3.5 The value of partners, professionals and agencies working together to support individuals and/or carers to achieve positive outcomes
- 3.6 The importance of ensuring that all partnership working involves individuals and/or their carers

You are able to work in ways that:

- 3.7 Promote a culture of partnership working
- 3.8 Apply the principles of partnership working and co-production in your work with others
- 3.9 Build trust and confidence with partners, professionals and agencies recognising the roles, responsibilities, accountabilities and expertise of self and others
- 3.10 Develop effective relationships with partners and other professionals whilst maintaining clear professional boundaries
- 3.11 Take action to resolve challenges that arise from working in partnership
- 3.12 Adhere to agreed **protocols** for partnership working
- 3.13 Promote the rights and well-being of individuals and/or carers with partners, professionals and agencies

Range

Protocols: confidentiality and information sharing, record keeping

Unit 441 Professional practice

Supporting Information

Guidance for delivery

Accurate language and descriptors for specific conditions: e.g. mental ill health or mental health problems that have an evidence base and are not assumed

Codes of Conduct and Professional Practice should include The Code of Professional Practice for Social Care; The NHS Wales Code of Conduct for Healthcare Support Workers in Wales, and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or the regulators of health or social care in Wales e.g. Practice Guidance

Development opportunities may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

Partners, professionals and agencies: could include:

- Community groups and networks
- Third/voluntary sector
- Statutory including housing and homelessness services
- Private/independent sector
- Police and criminal justice services
- Education
- Welfare advice
- Primary care
- Health professionals
- Social workers
- Occupational therapists
- Physiotherapists
- Community equipment services
- Electronic assistive technology services
- Psychiatrists
- Psychologists
- Pharmacists
- Service managers
- Care and support workers

Relevant legislative frameworks, standards and Codes of Conduct and Practice could include:

- Social Services and Well-being (Wales) Act 2014: associated Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016: associated regulations and statutory guidance
- Health and Care Standards Framework (2015)
- Code of Professional Practice for Social Care
- Code of Practice for Employers
- Code of Conduct for Healthcare Support Workers in Wales
- Practice Guidance (published by Social Care Wales)

Related NOS

SCDHSC 0434 Lead practice for managing and disseminating records and reports

SCDHSC 0043 Take responsibility for the continuing professional development of yourself and others

Unit 442

Understand theories and models and their relationship to person/child centred practice and rights based approaches

Level:	4
GLH:	64
Credit:	20
Unit Summary:	<p>This unit aims to support learners to develop the knowledge and understanding of theories and models and their relationship to person/child centred practice and rights based approaches.</p> <p>In the context of this unit, the term 'individuals' relates to adults and children and young people.</p>

Learning outcome:

1. Understand theories and models that support person/ child centred practice and rights-based approaches

Assessment criteria

You understand:

- 1.1 The concept of theories and models and the differences between these
- 1.2 The concept of citizenship and how this promotes participation and inclusion of all members of society
- 1.3 How values and behaviours impact on person/child centred practice and citizen focused services
- 1.4 How regard for **rights and liberty** can be balanced with risk
- 1.5 Sociological theories and their relationship to person/child centred practice
- 1.6 Psychological theories and their relationship to person/child centred practice
- 1.7 The social and medical models of disability and tensions that may exist between these
- 1.8 The biopsychosocial model as an approach to influence person/child centred practice

Range

Rights and liberty: a human rights approach (to promote person/child centred practice and assessment of need and risk, including what matters to individuals)

Learning outcome:

2. Understand human development across the lifespan and factors that can affect it

Assessment criteria

You understand:

- 2.1 Why an understanding of human development is important for the role of social services practitioner
- 2.2 Critical stages in neurological and brain development during:
 - the pre-birth period
 - early childhood
 - adolescence
 - young adulthood
- 2.3 The possible **factors** and Adverse Childhood Experiences which could affect neurological and brain development in relation to **physical, emotional and cognitive growth**
- 2.4 The potential of stress and trauma to cause harm to overall development and well-being throughout the lifespan
- 2.5 Links between experiences of trauma and abuse, development stages and behaviour throughout the lifespan
- 2.6 Why development may not follow the expected pattern
- 2.7 Ways in which development delay in one area affects the ability to acquire skills in other areas
- 2.8 Links between families own experiences throughout their life course, their knowledge of child development, and expectations for themselves and their children
- 2.9 The range of **attachment classifications** and how these are connected to **life experiences**
- 2.10 **Attachment theories** and their importance for:
 - supporting the resilience, well-being and holistic development of children and young people
 - understanding the potential impact of attachment difficulties on individuals throughout their life course, the way that they function in society, form relationships and react to others

Range

Factors: physical, environmental, genetic

Physical, emotional and cognitive growth: attainment of developmental milestones, communication, attachment, emotional regulation, memory formation, sensory pathways, gross and fine motor skills

Attachment classifications: secure, ambivalent, avoidant, disorganised

Life experiences: neglect and abuse, trauma, multiple placements, Adverse Childhood Experiences

Attachment theories: theorists - John Bowlby, Mary Ainsworth, Mary Main, Dollard and Miller

Learning outcome:

3. Understand theories and models related to change

Assessment criteria

You understand:

- 3.1 Types of change that may occur in the course of an individual's life as a result of significant life events or transitions
- 3.2 **Theories and models** related to change

- 3.3 The importance of supporting individuals and/or families/carers to focus on the assets and strengths they have that can help them during times of change

Range

Theories and models: Kubler-Ross Change curve, William Bridges Transition Model

Learning outcome:

4. Understand the importance of using person/child centered practice and rights based approaches

Assessment criteria

You understand:

- 4.1 What is meant by the term 'co-production' and how this supports person/child centred practice and rights based approaches
- 4.2 Why it is important that individuals and carers are supported to:
- have voice and control over their lives
 - express and achieve what is important to them
 - participate in a valued range of meaningful activities that are important to them
 - maintain and develop positive reciprocal relationships
 - participate in their communities
 - lead full and valued lives
 - manage dilemmas that arise when balancing their rights to take risks with their safety and well-being
- 4.3 What is meant by '**consent**'; circumstances when this must be attained and circumstances when it can be over-ridden
- 4.4 The interrelationship between positive risk taking and responsibilities, voice and control, and social inclusion
- 4.5 The importance of risk taking in everyday life for individuals
- 4.6 The impact of individuals having been discouraged or prevented from taking risks

Range

Consent: adults, children and young people, families and carers

Unit 442

Understand theories and models and their relationship to person/child centred practice and rights based approaches

Supporting Information

Guidance for delivery

Accurate language and descriptors for specific conditions: e.g. mental ill health or mental health problems that have an evidence base and are not assumed

Codes of Conduct and Professional Practice should include The Code of Professional Practice for Social Care; The NHS Wales Code of Conduct for Healthcare Support Workers in Wales,

and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or the regulators of health or social care in Wales e.g. Practice Guidance

Development opportunities may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

Partners, professionals and agencies: could include:

- Community groups and networks
- Third/voluntary sector
- Statutory including housing and homelessness services
- Private/independent sector
- Police and criminal justice services
- Education
- Welfare advice
- Primary care
- Health professionals
- Social workers
- Occupational therapists
- Physiotherapists
- Community equipment services
- Electronic assistive technology services
- Psychiatrists
- Psychologists
- Pharmacists
- Service managers
- Care and support workers

Relevant legislative frameworks, standards and Codes of Conduct and Practice could include:

- Social Services and Well-being (Wales) Act 2014: associated Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016: associated regulations and statutory guidance
- Health and Care Standards Framework (2015)
- Code of Professional Practice for Social Care
- Code of Practice for Employers
- Code of Conduct for Healthcare Support Workers in Wales
- Practice Guidance (published by Social Care Wales)

Related legislation and guidance

- Social Services and Well-Being (Wales) Act 2014 and associated statutory guidance and Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)
- Human Rights Act (1998) <https://www.legislation.gov.uk/ukpga/1998/42/contents>
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006

Unit 443

Understanding factors that contribute to individuals and/or carers needing care and support

Level:	4
GLH:	60
Credit:	17
Unit Summary:	<p>This unit aims to support learners to develop the knowledge and understanding of the range of factors that may lead to individuals and/or carers needing care and support.</p> <p>In the context of this unit, the term 'individuals' relates to adults and children and young people.</p>

Learning outcome:

1. Understand how legislative frameworks, national policy and models of service delivery aim to underpin care and support that is rights and strengths based, person/child centred and outcomes focused

Assessment criteria

You understand:

- 1.1 Legislative frameworks, national policy and current models of service design and delivery and their aims in relation to supporting individual's and carers:
 - full and valued lives
 - rights
 - equality
 - voice and control
 - support for prevention and early intervention
 - well-being
 - safety
 - co-production
 - inclusion and participation
 - life choices
 - opportunities to achieve positive outcomes/what matters
 - access to community facilities
 - access to healthcare

- 1.2 The importance of ensuring that individual needs, wishes and preferences inform the support and service received rather than fitting individuals into existing provision that may not meet identified outcomes
- 1.3 How gender, ethnicity and language, and social, cultural and religious environments may impact on individuals and the support that they access
- 1.4 The **potential impact** of accessing care and support
- 1.5 How the judgement and stereotypical assumptions of others may:
 - be unduly influenced by the factors, conditions or circumstances of individuals, families and carers
 - lead to individuals, families and carers being stigmatized
 - have a negative impact on individuals, families and carers and the way that they function
- 1.6 Why it is important to take a holistic view of individuals and carers
- 1.7 Why it is important that each individual and/or carer is recognised for their own individual abilities, needs, strengths, gifts and talents
- 1.8 The importance of actively challenging prejudice, stereotypical images, discrimination and negative attitudes

Range

Potential impact: positive and negative

Learning outcome:

2. Understand reasons why children and young people and their families/carers may need to access support and/or services

Assessment criteria

You understand:

- 2.1 Circumstances and specific situations that may lead to children and young people and their families/carers requiring care and support
 - 2.2 The range of services, agencies and professionals which provide support for children and young people and their families/carers
-

Learning outcome:

3. Understand the context of carers in Wales

Assessment criteria

You understand:

- 3.1 The legislative definition of carers
 - 3.2 Demographics of carers
 - 3.3 Contribution that carers make:
 - to the quality of life of individuals
 - to the policy agenda of prevention and early intervention
 - 3.4 Correlation between the support of carers and sustainability of care and support services
 - 3.5 The importance of promoting support for carers well-being, social inclusion, education and employment through the design and delivery of services
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- 3.6 Factors that may impact on carers physical and mental health and well-being
- 3.7 The potential impact of **change and transition** on carers
- 3.8 The assessment options available to the carer and young carer including joint assessments with the individual
- 3.9 The importance of recognising that not all people undertaking unpaid care will wish to be labelled or perceived as carers
- 3.10 How to explore with sensitivity the role that carers are undertaking, and how they may wish to be supported with this

Range

Change and transition: related to the individual, the carers or when the caring role ends

Learning outcome:

- 4. Understand the concept of disability and physical impairment

Assessment criteria

You understand:

- 4.1 What is meant by the terms 'disability', 'disabled' and 'physical impairment'
- 4.2 The importance establishing with individuals their preferred use of terminology and recognising that this may change over time
- 4.3 What is meant by the terms 'congenital', 'acquired', 'neurological' and 'progressive' when used in relation to physical impairment
- 4.4 The importance of recognising the centrality of the individual rather than the impairment
- 4.5 The impacts (positive and negative) of being labelled as having a physical impairment
- 4.6 **Potential impacts of social and environmental barriers** on an individual with a physical disability

Range

Potential impacts: exclusion, socio-economic, education, employment, mobility, independence, emotional and physical well-being, mental health, life choices

Social and environmental barriers: stereotypical attitudes, negative/offensive language, physical and organisational barriers

Learning outcome:

- 5. Understand mental ill-health

Assessment criteria

You understand:

- 5.1 What is meant by the term 'mental ill-health'
 - 5.2 Types of **mental health problems** and the symptoms that individuals may experience
 - 5.3 **Factors** that can influence and affect an individual's well-being and may result in a period of mental ill-health
 - 5.4 Potential signs and symptoms of mental ill-health
 - 5.5 The range of services, agencies and professionals which provide support for individuals experiencing mental ill-health
-

- 5.6 Models and approaches that can be used to support effective communication and engagement with individuals living with mental ill-health

Range:

Mental health problems: to include depression, anxiety disorders, psychosis, bi-polar disorder, schizophrenia, personality disorders, eating disorders, post-traumatic stress disorder, attention deficit hyperactivity disorder

Factors: Adverse Childhood Experiences, other trauma/adverse life events experienced in adulthood, discrimination, poverty, physical ill-health

Learning outcome

6. Understand dementia

Assessment criteria

You understand:

- 6.1 Types of dementia, their potential causes and the range of different impacts associated with an individual's prognosis, their abilities and general health and well-being
- 6.2 Differences and **commonalities** between the major types of dementia
- 6.3 **Memory impairment** and its impact on dementia
- 6.4 How some types of dementia can have a transient or permanent impact on physical abilities and well-being
- 6.5 Common psychotic symptoms that may sometimes manifest as a result of types of dementia
- 6.6 How dementia can mask underlying health issues
- 6.7 How to mitigate increasing risk factors associated with maintaining physical well-being and **areas of physical care**
- 6.8 The range of services, agencies and professionals which provide support for individuals living with dementia
- 6.9 Models and approaches that can be used to support effective communication and engagement with individuals living with dementia

Range

Commonalities: common symptoms and presentation of dementia, memory, judgement, language and orientation

Memory impairment: significance of short term memory in registering information and the 3 main categories of long term memory Semantic memory (enabling the recall of facts), Episodic memory (recall of events and experiences and emotions) and Procedural memory (implicit memory linked to motor function such as signing our name, driving a car etc.)

Areas of physical care: management of infection, nutrition - diet and fluid, mobility and safe transfer, continence promotion, skin care and tissue viability, oral health, visual and auditory health, sexual health, sleep assessment and management of pain

Learning outcome:

7. Understand learning disability and autism
-

Assessment criteria

You understand:

- 7.1 What is meant by the term 'learning disability'
- 7.2 Different types of learning disability and their potential causes
- 7.3 The prevalence of:
 - individuals with a learning disability who are autistic
 - autistic individuals who have a learning disability
- 7.4 What is meant by the term 'autism'
- 7.5 **Theories about autism** and the limited evidence related to its cause
- 7.6 The **main characteristics of autism** and what is meant by the 'triad of impairments'
- 7.7 Why autism can sometimes be a hidden disability and how this can impact on individuals
- 7.8 The range of services, agencies and professionals which provide support for individuals with learning disabilities and/or autistic individuals
- 7.9 Models and approaches that can be used to support effective communication and engagement with:
 - individuals with a learning disability
 - autistic individuals

Range

Theories about autism: biological, psychological, neurological

Main characteristics of autism: difficulties with; verbal and non-verbal communication, understanding and engaging with others, understanding social rules and expected social interaction, social imagination and flexibility of thought, repetitive behaviours, restricted / special interests, adapting to changes, problem solving, sensory stimulation, anxiety

Learning outcome:

- 8. Understand sensory loss

Assessment criteria

You understand:

- 8.1 The potential impact of **different types of 'sensory loss'** on individuals
- 8.2 The terms used to describe sensory loss
- 8.3 Links between other **conditions/impairments** and sensory loss
- 8.4 The range of services, agencies and professionals which provide support for individuals with sensory loss
- 8.5 Specific requirements set within the Social Services and Well-Being (Wales) Act and associated Codes of Practice for the assessment of and delivery of services to individuals with sensory loss
- 8.6 Models and approaches that can be used to support effective communication and engagement with individuals who have sensory loss

Range

Different types of 'sensory loss': Sensory loss from birth, acquired sensory loss (visual impairments, hearing loss, singular sensory loss (smell, taste, touch, no sense of the feeling of

pain), vestibular and proprioceptive loss, Deafblind, multi-sensory impairment, Dual sensory loss)

Conditions/impairments: learning disability, autism, physical impairment, dementia, frailty, diabetes

Learning outcome:

9. Understand acquired brain injury

Assessment criteria

You understand:

- 9.1 **Types and causes** of acquired brain injury
- 9.2 **Potential impacts** of acquired brain injury on an individual and their families
- 9.3 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk
- 9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury
- 9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

Range

Types and causes: traumatic brain injury, other forms of acquired brain injury

Potential impacts: physical, cognitive, emotional and behavioural

Learning outcome:

10. Understand substance use and misuse

Assessment criteria

You understand:

- 10.1 The types of substances individuals may use:
 - their appearance
 - their effects
 - risks
 - routes of administration
 - legal status
- 10.2 Clinical classifications of substances
- 10.3 The meaning of the term 'substance misuse'
- 10.4 Different **categories of substance use**
- 10.5 What is meant by the term 'co-occurring mental health and substance misuse'
- 10.6 Mental health problems associated with substance misuse
- 10.7 Issues faced by individuals with both mental ill-health and substance misuse
- 10.8 Services and professionals who can provide additional information, advice and support to individuals about substance misuse, and interventions that can help

Range:

Categories of substance use: experimental, recreational, dependent

Unit 443

Understanding factors that contribute to individuals and/or carers needing care and support

Supporting Information

Guidance for delivery

Autism: Being autistic means an individual experiences the world differently because it affects the way they think and feel. The term autism describes qualitative differences and impairments in social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours. Autism spectrum disorders (ASD) are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders DSM-IV Fourth Edition (DSM-IV) and have a significant impact on function. The over-arching term used in these definitions is pervasive developmental disorder, but this term is now used interchangeably with autism spectrum disorder. The term Asperger's (or Asperger's Syndrome) is sometimes used to describe an individual with ASD who has average or above average intelligence. <https://www.autism.org.uk/about/what-is/asd.aspx>

There are certain types of mental health problems that people with ASD experience more commonly, such as anxiety: <https://www.autism.org.uk/about/health/mental-health.aspx>

Circumstances and specific issues that may lead to children and young people and their families/carers requiring support and services: could include:

- the different emotional, social and environmental pressures families may be experiencing
- poverty
- employment
- links between families own experience through the life course and expectations for their children
- support that they may have from wider family members, friends and networks for parenting
- barriers to change
- how they feel about the need to access support
- ethnicity and culture
- physical or mental ill health
- health harming behaviours
- anti-social behaviours
- disability / additional learning needs
- substance misuse
- gambling
- challenges within families, family breakdown, or other significant personal relationships
- Adverse Childhood Experiences
- childhood disadvantage
- being a refugee/asylum seeker
- being a young carer/adult carer

Different types of 'sensory loss'

In addition to the main types of sensory loss listed in the range, the following could also be included:

- Pressure
- Itch
- Temperature
- Pain
- Thirst
- Hunger
- Direction
- Time
- Muscle tension
- Proprioception (the ability to tell where your body parts are, relative to other body parts)
- Equilibrioception (the ability to keep your balance and sense body movement in terms of acceleration and directional changes)
- Stretch Receptors (These are found in such places as the lungs, bladder, stomach, blood vessels, and the gastrointestinal tract)
- Chemoreceptors (These trigger an area of the medulla in the brain that is involved in detecting blood borne hormones and drugs. It also is involved in the vomiting reflex)

People are “**disabled**” through lack of access to buildings, information, communication or personal support or by the attitudes of others.

Disability: The loss or limitation of opportunities to take part in society on an equal level with others due to institutional, environmental and attitudinal barriers.

Physical impairment: An injury, illness, or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace.

Factors that may result in individuals experiencing a period of mental ill-health:

Lifestyle including work, diet, drugs and lack of sleep can all affect mental health, however if an individual experiences mental ill-health there are usually other factors as well. Factors can be divided into three main categories - biological, psychological and environmental/social and can include:

- Adverse Childhood Experiences including emotional, physical and sexual abuse, trauma, or neglect
- domestic violence
- bullying experienced during childhood/adulthood
- social isolation or loneliness
- experiencing discrimination and stigma
- social disadvantage, poverty or debt
- bereavement
- severe or long-term stress
- having a long-term physical health condition
- unemployment or losing a job
- homelessness or poor/unstable housing
- being a long-term carer for someone
- being a refugee/asylum seeker
- drug and alcohol misuse

- significant trauma, such as: being involved in a serious incident, being the victim of a violent crime, military combat, war-related trauma (including displacement and family separation)
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment).
- Pregnancy and post-partum period
- gender identity

Public Health Wales carried out a 'Welsh Adverse Childhood Experiences (ACE) Study' in 2015, which showed that people who have experienced four or more ACEs have a much greater likelihood of developing depression, anxiety and psychosis in adulthood than the general population. ACEs are adverse events such as being the victim of physical, emotional and sexual abuse or growing up in a household where there is domestic violence, poor mental health or criminal activity.

<http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20Chronic%20Disease%20report%20%289%29%20%282%29.pdf>

Joint assessment - Carers have a right to have their specific needs assessed separately to the person they care for. However, a local authority may combine assessments of the carer and the person they care for if both parties wish this. It is still important to address the specific and distinct needs of both the carer and cared for person.

Lack of insight: difficulties in accurately perceiving and interpreting one's own and other people's behaviour and feelings. The individual may have unrealistic views of themselves and may not appreciate that they have certain problems. This may lead to unattainable goals being set which can lead to failure and frustration or unsafe risks being taken as the individual does not recognise the risk itself

Mental health problems: At any one time 1 in 4 people in the UK will be experiencing mental ill-health. Not all individuals who are experiencing mental ill-health problem have a diagnosed mental disorder. There are a wide range of diagnoses, each with their own diagnostic criteria which have been classified by the World Health

Organisation: <https://www.who.int/classifications/icd/icdonlineversions/en/>

They include:

- addictions, including gaming addiction
- ADHD
- anxiety disorders including obsessive-compulsive disorder
- bipolar disorder
- body dysmorphism
- deliberate self-harm
- depression
- dissociative disorders
- eating disorders
- panic disorders
- personality disorders including emotionally unstable/borderline personality disorder
- phobias
- postnatal depression
- post-partum psychosis
- post-traumatic stress disorder
- psychosis
- schizoaffective disorder

- schizophrenia
- seasonal affective disorder

Not everyone agrees that using diagnoses to understand or describe mental distress and ill-health is helpful. Other perspectives include:

- British Psychological Society: Power, Threat Meaning Framework <https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework>
- Centre of Excellence in Inter-disciplinary Mental Health: Social Perspectives on Mental Distress <https://www.birmingham.ac.uk/research/activity/social-policy/ceimh/film-resources/social-perspectives-mental-distress.aspx>
- Shaping Our Lives: Social Model of Madness and Distress <https://www.shapingourlives.org.uk/wp-content/uploads/2016/05/FROM-MENTAL-ILLNESS-PDF-2.pdf>

Mental ill-health: There is no consensus on the best way to describe mental ill-health. You may hear the terms: mental health issues, mental health problems, mental illness, mental distress, mental disorder and others. It is usually best to ask the individual experiencing mental ill-health to describe what they are feeling and how they would like this to be described. Mental distress and ill-health are experienced by individuals in unique ways and so listening to the individual and their story and current life circumstances is of primary importance. Recognising that an individual's culture and heritage may mean they express distress in different ways is also important, as is consideration of an individual's life experiences, religious/spiritual beliefs, age, gender, sexuality and so on.

Other forms of acquired brain injury would include: tumour, stroke, brain haemorrhage, encephalitis

Potential impact of accessing care and support: positive impacts could include: support for engagement in valued range of meaningful activities, develops skills, can act as reablement, supports independence, relieves loneliness and isolation, respite/break for carers, practical support for families/carers, healthcare needs met, safeguards. Negative impacts could include: feeling of intrusion, loss of skills, loss of control, loss of valued role, loss of identity and sense of self, feeling of guilt

Potential impacts of acquired brain injury

Physical to include:

- Mobility
- Spasticity
- Weakness or paralysis
- Ataxia
- Sensory impairment
- Fatigue
- Difficulty with speech
- Epilepsy
- Hormone imbalances

Cognitive to include:

- Problems with memory
- Language loss
- Problems with visual – perceptual skills
- Motivation
- Reduced concentration span

- Reduced information processing ability
- Repetition
- Impaired reasoning
- Impaired insight and empathy

Emotional and behavioural to include:

- Personality changes
- Mood swings
- Depression and sense of loss
- Anxiety
- Frustration and anger
- Post-traumatic stress disorder
- Disinhibition
- Impulsiveness
- Irritability, agitation and aggression
- Apathy and loss of initiative
- Egocentricity

Range of services and support for families: could include - health, housing agencies, Local Authority, education, justice services (eg police, youth offending team, probation services) third sector organisations (eg, Action for Children, Citizens Advice Bureau, NSPCC, Barnardos, Women's Aid, CAIS, Shelter Cymru), benefits advisors, family advocates, childcare workers, social care workers, social workers

Range of services and support for mental ill health: could include - on-line information and advice, electronic assistive technology, open access community groups; primary levels services including health promotion, GP, community well-being hubs, student well-being services, third sector support; primary mental health services, secondary mental health services, including specialist services; tertiary services including forensic . There is a range of support that may be appropriate for someone experiencing mental distress or ill-health. Listening to and signposting the individual is of vital importance at every point along their journey.

- discussion with and support from friends or family, school liaison, student well-being service or Employee Assistance programme in the workplace
- going to see the GP, information on-line, attending community-based open access groups, health and well-being activities, advice and support with finances or accommodation
- Third sector organisations giving practical support such as help with debt management or sourcing more suitable accommodation. They may also be involved in providing guided self-help and offering counselling services
- Primary Mental Health Services, psycho-education, guided self-help, groups that educate and support individuals to manage distress and understand emotions, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, psychological therapy, family therapy, counselling, trauma focused therapy, mindfulness and other talking therapies
- Secondary mental health services can also offer a range of therapies, care and support from mental health professionals, advice and management of complex medications, crisis planning and response
- Hospital admission on a formal or informal basis is sometimes needed in order to keep an individual safe and/or to enable them to have the care, treatment and support they need. In this setting, treatment such as complex medications that require high levels of monitoring can be given
- Accommodation with support, residential settings or specialist support in the home setting to enable an individual to have periods of reablement and rehabilitation.

Range of services and support for sensory loss: could include

- Social Services (including assistive technology commissioned by direct payments)
- Audiology
- Advocacy
- Family support (visual or hearing loss)
- Communication and language professionals
- Third sector/voluntary organisations

Rehabilitation Officers/ Habilitation Officers for:

- Daily living skills training
- Mobility training (sighted guide training, long cane training)
- Communication skills (teaching braille/moon, IT)
- Access audits
- Emotional support and training.
- Health and Safety awareness (leaving bags in walkways etc)

Reasons why children may need to access services and/or specialist placements: could include children who have experienced abuse, trauma and/or neglect, babies and young children, babies withdrawing from substances, children with foetal alcohol syndrome, children experiencing mental health difficulties, children using substances, children with disabilities, children being criminally or sexually exploited, children exposed to modern slavery, unaccompanied asylum seeking children, children with complex sexual histories, children placed cross border or out of county, children with multiple moves, and others.

Specialist placements: Parent and child placements, therapeutic care, short break care, supported lodgings, 'when I'm ready', enhanced family support/ family intervention, domiciliary care, shared care, parent and child residential assessment, crisis, remand and youth justice, secure accommodation

Triad of impairments: persistent difficulties with social communication and social interaction, restricted and repetitive patterns of behaviours, activities or interests that limit and impair everyday functioning and sensory sensitivity

Resources

- <https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>
- <https://socialcare.wales/resources/national-dementia-vision-for-wales>
- <https://socialcare.wales/resources/dementia-more-than-just-memory-loss>
- <http://dementia-wellbeing.org/adi-conference/what-do-we-about-the-efficacy-of-a-social-movement-like-dementia-friends/>
- <https://socialcare.wales/service-improvement/people-with-dementia>
- <https://www.alzheimers.org.uk/>
- <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia>
- www.ASDinfoWales.co.uk (all Wales website including FREE information, resources and training materials)
- NICE Guideline CG142: Autism in adults: diagnosis and management [<http://www.nice.org.uk/guidance/cg142>]
- NICE Guideline CG128, Autism in under 19s: recognition, referral and diagnosis. [www.nice.org.uk/guidance/cg128]

- Action on Hearing Loss Cymru
<https://www.actiononhearingloss.org.uk/about-us/wales.aspx>
- ADASS (2016) Position statement on vision rehabilitation <http://www.vision2020uk.org.uk/adass-updates-position-statement-on-vision-rehabilitation-in-collaboration-with-vision-2020-uk-and-rnib/>
- National Union of Sign Language Interpreters <https://nubsli.com/guidance/interpreter-awareness-guide/>
- RNIB Cymru <http://www.rnib.org.uk/wales-cymru-1>
- RNIB (2016) 10 Principles of Good Practice in Vision Rehabilitation <http://www.rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/rehabilitation-workers>
- Sense Cymru
<https://www.sense.org.uk/publications-categories/sense-cymru>
- Social Care Wales Learning and Information Hub – Working with Deafblind People (resource developed by SENSE Cymru)
<https://socialcare.wales/hub/hub-resource-sub-categories/working-with-deafblind-people>
- All Wales Standards: <http://www.equalityhumanrights.wales.nhs.uk/all-wales-standards-for-accessible-commu>
- Headway – the brain injury association www.headway.org.uk
- Adverse Childhood Experiences (ACEs) reports
- <http://www.wales.nhs.uk/sitesplus/888/page/88504>
- SCIE children's services <https://www.scie.org.uk/children/>
- Fostering network <https://www.thefosteringnetwork.org.uk/about/about-us/our-work-in-wales>
- Social pedagogy professional organisation <https://sppa-uk.org/>
- Flying Start Parenting Support Guidance <https://gov.wales/docs/dsjlg/publications/cyp/170519-parenting-guidance-en.pdf>
- Barnardo's- Promoting Resilience: A Review of Effective Strategies for Child Care Services, Dr. Tony Newman, Barnardo's Research and Development, 2002 <http://www.barnardos.org.uk/resilsum.pdf>
- Research into Practice Building emotional resilience in the children and families workforce – an evidence-informed approach: Strategic Briefing (2016) by Gail Kinman and Louise Grant <https://www.rip.org.uk/resources/publications/strategic-briefings/building-emotional-resilience-in-the-children-and-families-workforce--an-evidenceinformed-approach-strategic-briefing-2016>
- Parenting and resilience, Malcolm Hill, Anne Stafford, Peter Seaman, Nicola Ross and Brigid Daniel, Joseph Rowntree Foundation, 2007, <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf>
- Welsh Governments Parenting in Wales Guidance on Engagement and Support, 2014 <http://gov.wales/docs/dsjlg/publications/cyp/140910-parenting-in-wales-guidance-en.pdf>
- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Play: health and well-being (2012) <http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEET%20play%20health%20and%20wellbeing.pdf>

Unit 444

Support the assessment and care and support planning process

Level:	4
GLH:	27
Credit:	40
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support the assessment and care and support planning process for individuals and/or carers.</p> <p>In the context of this unit, 'individual' refers to adults or children and young people.</p>

Learning outcome:

1. Understand the process and requirements for assessment and care and support planning

Assessment criteria

You understand:

- 1.1 Legislation, national and local policy and guidance related to assessing the needs of individuals and carers
- 1.2 How the national assessment and eligibility tool is used for assessments
- 1.3 The reasons for the 'National Minimum Core Data Set' and how this should be used
- 1.4 The importance of the five elements of assessment
- 1.5 **Key elements** of an assessment of need
- 1.6 The **primary focus** of assessment
- 1.7 What is meant by 'outcomes orientated' assessment
- 1.8 The rights of individuals and carers to access advocacy support for their assessment
- 1.9 Requirements for providing and reviewing care and support plans
- 1.10 Principles of, format and content requirements of care and support plans
- 1.11 How judgement is made about eligible care and support needs
- 1.12 Legislation related to 'ordinary residence' and the impact this has on the care and support that individuals are able to access
- 1.13 The aims of legislation and policy for the use of direct payments for care and support
- 1.14 Requirements for the use of direct payments
- 1.15 The range of services and delivery methods for which direct payments may be used
- 1.16 Potential difficulties and conflicts related to the use of direct payments and how these may be addressed
- 1.17 Support available for the use of direct payments
- 1.18 Charging arrangements for eligible care and support in local area
- 1.19 Responsibilities of local authorities for assessment of adults and children in the secure estate

- 1.20 When an integrated/specialist assessment may be required and who may be involved in this

Range

Key elements: co-production, strengths-based approach, outcome focused

Primary focus: building on an individual's strengths and assets including their abilities and families/communities

Learning outcome:

2. **Undertake** meaningful conversations with individuals and their families/carers about what matters to them and the support they need

Assessment criteria

You understand:

- 2.1 The range of communication methods and approaches that can be used
- 2.2 Factors that need to be considered for effective communication
- 2.3 How previous experiences, disability/conditions and first language may influence an individual's willingness to communicate
- 2.4 Approaches that can be used for implementing the 'Active Offer'
- 2.5 How to recognise when behaviour is being used as a form of communication
- 2.6 Sources of information, advice and support for communication
- 2.7 Protocols for gaining and confirming consent:
 - of individuals and families/carers when sharing information with services and professionals
 - of individuals when sharing information with families/carers

You are able to work in ways that

- 2.8 Use and adapt methods of communication that:
 - support individuals and/or carers to express what is important to them
 - are age and ability appropriate
 - 2.9 Address factors that may present barriers to communication and participation in the assessment process
 - 2.10 Ensure communication is conducted in ways that:
 - recognises confidentiality
 - demonstrates respect for individuals and/or carers
 - sensitively explores the views, wishes, preferences and needs of individuals and/or carers
 - does not stigmatise or reinforce negative perceptions
-

Learning outcome:

3. Support the assessment process according to own role and responsibilities, legislation and Codes of Practice

Assessment criteria

You understand:

- 3.1 Ways of working to build positive, supportive relationships with individuals, their families/carers including finding out about their daily lives, history, culture, preferences, wishes and need
- 3.2 **Potential barriers** to accessing care and support and how to overcome these
- 3.3 Reasons why individuals and/or carers may mask their actual care and support needs and how to explore these with sensitivity
- 3.4 How views, wishes and preferences may change as individuals go through the assessment and planning process
- 3.5 The importance of using co-productive approaches for assessment that are:
 - person/child centred
 - rights based
 - strengths based
- 3.6 The importance of involving families/carers in the assessment process
- 3.7 The challenges and sensitivities that may occur between carers and individuals related to:
 - family dynamics
 - power imbalance
 - differences of opinion
 - positive risk taking versus risk aversion
 - complexities in meeting the needs of both the individual and the carer
- 3.8 Strategies that can be used to manage challenges and sensitivities
- 3.9 The importance of ensuring a non-judgemental approach towards the personal circumstances of individuals, their families/carers and the way that they lead their lives
- 3.10 How mental capacity and best interest decisions relate to the assessment process
- 3.11 How to establish the views, wishes and preferences of individuals where they do not have verbal communication or mental capacity
- 3.12 What is meant by 'advance' planning and when and why this should be considered as part of the assessment process
- 3.13 How to establish eligible and ineligible needs when undertaking assessments
- 3.14 How to identify sources of information and support to meet identified needs, including electronic assistive technology
- 3.15 Potential **funding options** for care and support

You are able to work in ways that:

- 3.16 Establish own role and that of others in the assessment process
- 3.17 Undertake and record assessments in accordance with organisational and legislative requirements and associated Codes of Practice identifying needs that are:
 - eligible
 - ineligible
- 3.18 Build positive, supportive relationships with individuals and their families/carers
- 3.19 Use rights and strengths based approaches for undertaking assessments that support individuals and/or carers to:
 - have voice and control over decisions about their care and support and the way that their service is designed and delivered
 - recognises the potential impact of transitions they may be experiencing
 - identify the outcomes that they want to achieve and how they can best be helped to do this

- identify and recognise their assets, strengths and skills including community networks, friends and family
 - develop and maintain skills which support their active participation in activities, experiences and daily tasks that promote independence
 - explore the use of electronic assistive technology that may contribute to achievement of identified outcomes
 - balance their rights, responsibilities and risks
 - maintain existing and develop new relationships
- 3.20 Use strategies to manage conflicts of interest, differences of opinion and dilemmas that may arise between individuals, families/carers and others about risks and outcomes that individuals want to achieve
- 3.21 Use strategies to manage challenges and sensitivities that may occur between the carer and the individual
- 3.22 Provide information to individuals and/or carers on **funding options** for their care and support
- 3.23 Support individuals and/or carers to explore the best funding option to meet their identified outcomes and needs including signposting to expert financial advice
- 3.24 Ensure that own practice promotes respect, equality, diversity and inclusion of individuals and/or carers
- 3.25 Actively challenge discrimination, prejudice and negative attitudes towards individuals and/or carers

Range

Potential barriers: individual, physical, emotional

Funding options: financial assessments, local authority charging arrangements, self-funding, direct payments, continuing health care, nursing element of healthcare in care home services

Learning outcome:

4. Develop care and support plans based on assessment and agreed outcomes

Assessment criteria

You are able to work in ways that:

- 4.1 Use assessments in co-production with individuals and/or carers to develop strengths-based, outcome focused care and support plans that identify:
- support from families, friends, networks and communities
 - potential risks and how these may be managed
- 4.2 Ensure the plans include an element of flexibility to support positive outcomes
- 4.3 Ensure the plans are recorded and made available in accessible formats for individuals and/or carers
- 4.4 Ensure that individuals and their families/carers are satisfied with the content of the care and support plan
- 4.5 Agree actions, roles, responsibilities and timeframes for completing these with individuals and their families/carers
- 4.6 Support individuals and/or families/carers to understand how the plan will be implemented
- 4.7 Agree how the plan will be monitored, reviewed and adapted to meet changing needs

Learning outcome:

5. Undertake reviews of care and support plans according to own role and responsibilities, legislation and Codes of Practice

Assessment criteria

You understand:

- 5.1 The legislative requirements for the reviews of care and support plans
- 5.2 The process that should be followed for the review of care and support plans
- 5.3 Methods and approaches that can be used to support individuals to evaluate the achievement of identified outcomes in the care and support plan

You work in ways that

- 5.4 Establish own role and that of others in the review process
 - 5.5 Use co-productive approaches to complete reviews of care and support plans according to organisational and legislative requirements, Codes of Practice and own role and responsibilities
 - 5.6 Support individuals and/or carers to evaluate the achievement of identified outcomes from their care and support plans
 - 5.7 Explore any changes to the views, wishes, preferences and needs of individuals and/or carers and agree how these may best be met
 - 5.8 Seek feedback from service providers on the achievement of outcomes and any identified changes
 - 5.9 Ensure that:
 - the reviewed plans are recorded and made available in accessible formats for individuals and/or carers
 - individuals and/or carers are happy with any changes made
 - 5.10 Ensure that revised plans are shared appropriately with service providers according to agreed protocols for confidentiality
-

Unit 444

Support the assessment and care and support planning process

Supporting Information

Guidance for delivery

References throughout guidance that refer to 'the Act' relate to the Social Services and Well-Being (Wales) Act 2014

Accessible formats: would include language of choice and language that is understandable, age and ability appropriate

Carers/young carers - The Social Services and Well-being (Wales) Act (the Act) defines a carer as "a person who provides or intends to provide care for an adult or disabled child".

The definition is broad and includes adult carers, young carers, young adult carers, parent carers (caring for a disabled child) and so-called sandwich carers (these are people caring for an older person/relative as well as bringing up a family).

The Welsh Government defines young carers as being carers who are under the age of 18.

Whilst someone under 18 is still regarded as a carer their rights as a young carer will differ at times to those of an adult.

The Code of Practice for Part 3 of the Act defines young adult carers as being aged 16-25.

A person is not a carer under the Act if the person provides or intends to provide care (a) under a contract, or (b) as voluntary work.

Charging and financial assessment:

Part 5 of the Act replaced previous legislation and allows local authorities the discretion to set a charge for the non-residential and residential care and support they provide or arrange for adults. The Act introduced one set of charging and financial assessment arrangements rather than the, previously, differing arrangements for charging for non-residential and residential care and support. A weekly maximum charge and "buffer" will be maintained, as well as a capital limit to be used to determine who pays the full cost of their residential care themselves.

The regulations prohibit charging children and young people under 18 (or their parents or guardians) for care and support received under Part 4 of the Act.

The Act requires mandatory deferred payments schemes for residential care. Deferred payment agreements allow a person to 'defer' or delay the need to sell their property (or other asset) to meet the costs of their residential care until a later, more appropriate time for them. Instead the cost of their residential care is met by their local authority with the costs of this secured against the value of their property by means of placing a first legal mortgage charge upon it.

A local authority can charge a low level flat rate charge for prevention or assistance provided to adults although not for preventative services for children. Note that the provision of information and advice are excluded from charging under the Act, but that a flat rate fee for assistance can be charged.

The Act maintains the current individuals who may not be charged and forms of care and support for adults for which a charge cannot be made e.g. six weeks free home care following a period in hospital.

Direct payments:

The Act sees direct payments as enhancing an individual's ability to have real choice and control as to how to meet their personal outcomes: it encourages their use. Where eligible care and support needs, or support needs in the case of a carer, have been identified and that individual, or their representative, expresses a wish to receive one, direct payments must be made available in all cases where they enable personal outcomes to be achieved.

Direct payments are designed to be used flexibly and innovatively, and there should be no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support. The Act removes some current exclusions of certain classes of payments (with appropriate safeguards).

A key change is that direct payments are able to be provided for any identified need for support a local authority is to meet including, unlike previously, in long term residential settings.

An adult, child / their family or carer will be able to use their direct payments to purchase their care and support directly from their local authority if they wish (previously prohibited).

The previous direct payment regulations allowed the employment of close relatives living in the same household so long as the local authority agreed that this was necessary for the individual's requirements. This is now viewed and expressed more positively so long as the local authority has no doubts as to the individual's wish for such an arrangement and are assured that the individual's personal outcomes will be met by this arrangement.

Many people use the direct payment to become an employer e.g. by employing a personal assistant (PA). If so, the local authority should give people clear advice as to their responsibilities when managing direct payments.

In general, people should be given assistance to maintain their ability to receive a direct payment where they are unable or unwilling to manage one.

Eligibility for care and support:

The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, or support plan for a carer, and ensuring that the plan is delivered.

If the provision of care and support cannot help the person achieve their personal outcomes the question of eligibility does not arise. It is not the purpose of the eligibility criteria to draw local authority care and support services into challenges they cannot address (such as provision of health care, employment, or education).

If the individual's personal outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carers, the individual has an eligible need.

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the

person has eligible needs. There are no longer any thresholds in relation to eligibility. Determining eligibility is not about giving a right to any one service; it is about access to care and support to meet personal outcomes.

Note that the National Minimum Core Data Set (NMDS) must be completed as part of the initial assessment.

The regulations specifically identify needs which meet the eligibility criteria for children. Identifying whether there would be an adverse effect on the development of the child if the need goes unmet is crucial. Assessing children's needs must be about ensuring their best interests are met and their welfare safeguarded.

A key part of assessment must be to establish whether there is reasonable cause to suspect that an adult or child is experiencing or at risk of abuse, neglect or other harm.

Factors that need to be considered for communication: characteristics of disability, cognitive abilities, language development, sensory loss, sensory stimulation, environment, anxiety levels, language

Key elements of an assessment of need:

The Act required local authorities to make significant changes in how they respond to individuals with needs for care and support and in the services that they commission. The implementation of the Act required a change to assessment practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support the individual requires to achieve the personal outcomes 'that matter to them' – outcomes identified through a respectful conversation about how the individual and / or their family wants to exercise control over decisions about their care and support.

The process of assessment should be based on the principles of co-production so that practitioners and individuals share the power to plan together. This might mean a shift in relationship between professionals and people who use services. For professionals it will be important not to be too risk averse, and to enable and empower individuals.

Developing a strengths-based approach is seen as a key aspect of working collaboratively between the individual supported and the professional(s) supporting them, working together to determine outcomes that draw on the individual's strengths and assets.

The primary focus is not on problems or deficits, but building on people's resources and assets, including people's strengths, abilities and families or communities. Practitioners may like to use the following list to consider their own practice:

- Outcome-orientated: the central element of a strengths-based approach is the extent to which people themselves identify the outcomes they would like to achieve in their lives (for those with parental responsibility for under 16s, the outcomes they would like for their child) and practitioners then work with them to achieve desired outcomes.
- Ability to understand and develop community responses to the need for care and support of individuals, rather than assessment for services.
- Reduce reliance on formalised prescriptive approaches and further emphasise the use of professional judgement. Professionals should move towards empowerment while keeping the individual's welfare and / or well-being in mind at all times.

- Undertake assessments proportionate to the severity of the need for care and support and the complexity of the situation.

National assessment and eligibility tool

Assessments must, as a minimum, record information in line with the national assessment and eligibility tool, which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:

- assess and have regard to the person's circumstances;
- have regard to their personal outcomes;
- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person if the outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which any person(s) with parental responsibility wishes to achieve for the child), and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Effective assessments should be valuable experiences in themselves. They should build a better understanding of someone's situation, identify the most appropriate approach, and establish a plan for how they will achieve their personal outcomes.

Personal plan – a personal plan sets out how care and support needs will be met. Individuals should be involved in the preparation of their own care and support plan as much as possible. The personal plan may also be referred to as the service delivery plan.

Principles of care and support plans, the format and content requirements:

The overarching duties of the Act must be followed when developing plans, which should be person-centred, promote well-being and be outcome-based. It is also important that they are clear and concise and use appropriate language, communication methods and are in an accessible format so that the individual can participate in their planning and understand their plan.

Safeguarding runs throughout the Act and all practitioners will need to be alert to any risk of harm to the individual or to others. Care and support planning will explore the possible responses to these risks and agree approaches to risk management and / or mitigation.

Plans must also be integrated where possible (and it is appropriate to do so) and be jointly owned and operated by practitioners. For example, integrated across health and social care or social care and education.

The format of the support plan must be agreed by the local authorities and local health board (LHB) and NHS Trusts and, as a minimum, must be consistent across the regional LHB footprint. They must work together to ensure that local and specialist templates for support plans meet the national minimum core data set and content required.

Planning must reflect the Welsh Government Strategy 'More than Just Words', which means that local authorities must be proactive and enable people to communicate and participate through the medium of Welsh.

The plan as a minimum should cover the following content:

- personal outcomes which have been identified by the individual, and the actions to be undertaken to help achieve them by the local authority and others
- the need(s) for care and support that will be met
- the review arrangements and how progress will be measured

Where appropriate plans should also set out:

- the roles and responsibilities of the individual, carers and family members
- the resources (including financial resources) required from each party
- any direct payments that make up all or part of the plan

Requirements for providing and reviewing care and support plans:

Local authorities must provide, and keep under review, care and support plans for children and adults, and support plans for carers, who have needs which meet the eligibility criteria.

This duty also applies for people where it appears to the local authority that it is necessary to meet their needs in order to protect them from, or risk of, abuse or neglect or (for children) other harm.

Many individuals' needs for care and support can be met without a formal plan. In such instances relevant preventative or community based services should be clearly signposted to the individual or their family. A record of how these needs will be met without a plan must be made on the National Assessment and Eligibility Tool.

However, a plan is needed when the individual is unlikely to achieve their personal outcomes unless the local authority provides or arranges care and support to meet an identified, eligible need.

The local authority must involve the individual and jointly develop the plan and, where feasible, any carer. The plan should set out the ways in which the individual can be supported to achieve their personal outcomes; the types of care and support that might be best suited and available to them; and how these can be accessed.

The plan must be kept under review. If the authority believes that an individual's eligible need for care and support has changed, it must conduct an assessment and revise the plan as necessary.

The Act introduced the portability of support plans for adults and children across Welsh local authority boundaries. This means that if someone with eligible needs relocates within Wales the 'new' authority has a duty to maintain the care and support set out in their previous plan at least until it has had the opportunity to review their needs.

Role of others in the assessment process: others could include:

- Independent Reviewing Officer
- Corporate Parent
- Foster carers

- Connected persons
- Health professionals
- Housing support
- Service providers – statutory, independent and third sectors
- Advocates
- Social workers

The secure estate:

The Act brought in a new duty for local authorities in respect of adults with care and support needs who are in the secure estate in Wales, and an extension of the duty of a local authority to visit a looked after child, or former looked after child, to all children in the secure estate and a change in how existing responsibilities for the care and support of children in the secure estate (whether detained in England or Wales) are fulfilled.

The responsibility for the need for care and support of an adult, regardless of their place of ordinary residence before their detention, falls on the local authority where the provision is located. This was a big change for local authorities with prisons and they have the same duties to fulfil in respect of assessing and meeting the need for support for adults in the secure estate as for their citizens in the community i.e. the requirements outlined in the previous slides. They need to take a holistic approach when individuals are serving their sentence and when planning for their release.

The responsibility for the support needs of a Welsh child falls on their Welsh home local authority, that is, the local authority in whose area the child was ordinarily resident prior to being in custody. If the child has no known ordinary residency status, then responsibility for their support needs will fall on the local authority where the child is detained, whether that be in England or Wales.

When an integrated/specialist assessment may be required:

A key part of assessment must be to establish whether there is reasonable cause to suspect that a child or adult is experiencing or at risk of abuse, neglect or other kinds of harm and unable to protect himself or herself (with regards to adults) and whether any emergency action is required to safeguard the person.

The practitioner should undertake an assessment that is proportionate to the circumstances, but should take into account the five elements of assessment that enable an eligibility decision to be made. An assessment may conclude that a more comprehensive or specialist assessment is required, including a partnership approach of one or more agencies or professional assessments. These should all feed into one integrated assessment and one single assessment process.

An assessment should identify whether, and if so to what extent, the provision of advice and information or signposting to preventative or other services could contribute to the achievement of the individual's personal outcomes or otherwise meet their care and support need(s).

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. If the identified need(s) can only be met through a care and support plan or a support plan the need will be eligible.

Related legislation and guidance

- Social Services and Well-Being (Wales) Act 2014
- Continuing Healthcare Guidance
- Welsh Government national priorities for carers
- NHS (Wales) Act 2006
- Local Authority Social Services Act 1970
- Mental Capacity Act 2005.
- United Nations Principles for Older Persons (1991)
- United Nations Convention on the Rights of the Child (1989)
- United Nations Convention on the Rights of Disabled People (2006)
- Care and Support (Eligibility) (Wales) Regulations 2015

Resources

- <https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs>
- Working with carers: <https://socialcare.wales/hub/hub-resource-sub-categories/carers-and-the-act>
- Resources on support for carers: <https://www.scie.org.uk/carers/>

Unit 445

Safeguarding individuals

Level:	4
GLH:	42
Credit:	18
Unit Summary:	This unit aims to support learners to develop the knowledge understanding and skills required for promoting the safeguarding of children and young people and adults at risk.

Learning outcome:

1. Develop knowledge and understanding of the safeguarding of children and young people

Assessment criteria

You understand:

- 1.1 Legislative, regulatory, organisational requirements, and national standards for safeguarding children and young people and how these relate to the role of Social Services Practitioner
- 1.2 How enquiries and reviews
 - have influenced legislative frameworks and standards
 - are used to inform practice
- 1.3 What is meant by the terms:
 - 'child at risk'
 - 'significant harm'
- 1.4 How to establish when harm is considered to be 'significant'
- 1.5 The potential impact and effects of abuse, neglect and harm on children and young people
- 1.6 Signs and symptoms that may indicate that a child or young person has been, or is in danger of being, harmed or abused
- 1.7 Requirements where there are concerns that a child or young person has been, or is in danger of being harmed or abused including statutory duties to report
- 1.8 **Key considerations** for a child or young person at risk
- 1.9 Barriers that may deter reporting of concerns about abuse, neglect or harm
- 1.10 The role of different agencies, including advocacy, for the safeguarding of children and young people
- 1.11 The potential impact on children and young people of having a range of different professionals and agencies involved in their lives if they have been identified as 'child at risk'
- 1.12 The purpose and role of **safeguarding boards** for children and young people at risk
- 1.13 Why and when a Section 47 enquiry would be commenced
- 1.14 The process of a Section 47 enquiry and the roles and responsibilities of those involved

- 1.15 The importance of using a co-productive approach with children and young people and their families/carers/others throughout the safeguarding process
- 1.16 Considerations, including risk factors, that should be made during engagement with children and young people and their families/carers/others throughout the safeguarding process
- 1.17 The Principles that lead to an effective safeguarding system for children and young people

You are able to work in ways that:

- 1.18 Comply with legislative, regulatory and organisational requirements and national standards for safeguarding children and young people in accordance with own role and responsibilities
- 1.19 Ensure that knowledge and understanding is routinely updated in relation to new and emerging safeguarding trends

Range

Key considerations: outcomes-focused approach, mental capacity, advocacy

Safeguarding boards: National and regional

Learning outcome:

- 2. Develop knowledge and understanding of the safeguarding of adults at risk

Assessment criteria

You understand:

- 2.1 Legislative, regulatory, organisational requirements, and national standards for safeguarding adults at risk and how these relate to the role of Social Services Practitioner
- 2.2 How enquiries and reviews
 - have influenced legislative frameworks and standards
 - are used to inform practice
- 2.3 What is meant by the term 'adult at risk'
- 2.4 The potential impact and effects of abuse, neglect and harm on individuals
- 2.5 Signs and symptoms that may indicate that an individual has been, or is in danger of being, harmed or abused
- 2.6 Requirements where there are concerns that an adult at risk has been, or is in danger of being harmed or abused including statutory duties to report
- 2.7 Barriers that may deter reporting of concerns about abuse, neglect or harm
- 2.8 The role of different agencies, including advocacy, for the safeguarding of adults at risk
- 2.9 The purpose and role of **safeguarding boards** for safeguarding adults at risk
- 2.10 Why and when a Section 126 enquiry would be commenced
- 2.11 The process of a Section 126 enquiry and the roles and responsibilities of those involved
- 2.12 **Key considerations** that should be made when a Section 126 enquiry is being undertaken
- 2.13 The importance of using a co-productive approach with adults and their families/carers throughout the safeguarding process

- 2.14 Considerations, including risk factors, that should be made during engagement with adults at risk and their families/carers throughout the safeguarding process
- 2.15 The importance of using a co-productive approach with adults at risk and their families/carers throughout the safeguarding process
- 2.16 The Principles that lead to an effective safeguarding system for adults at risk

You are able to work in ways that

- 2.17 Comply with legislative, regulatory, organisational requirements, and national standards for safeguarding adults at risk in accordance with role and responsibilities
- 2.18 Ensure that knowledge and understanding is routinely updated in relation to new and emerging safeguarding trends

Range

Key considerations: outcomes focused approach, person centred enquiries, mental capacity, advocacy, consent

Safeguarding boards: National and regional

Learning outcome:

- 3. Use approaches that safeguard children and young people and/or adults at risk

Assessment criteria

You understand:

- 3.1 Links between person/child centred practice and the safeguarding of children and young people and/or adults
- 3.2 The importance of embedding safeguarding in a holistic and individualised approach to support for well-being
- 3.3 How to support the development of a culture and environment that:
 - promotes person/child centred practice in the safeguarding of children and young people and/or adults at risk
 - supports positive relationships with children and young people and/or adults at risk
 - enables children and young people and/or adults at risk and their families/carers to express their fears, anxieties, feelings and concerns without worry of ridicule, rejection or retribution
- 3.4 What needs to be considered when responding to disclosures or allegations of abuse, neglect or harm
- 3.5 The importance of early intervention and prevention and actions that should be taken where there are emerging concerns about abuse and/or neglect and harm
- 3.6 Types of interventions that can be made, how these should be considered and who should be involved
- 3.7 The importance of co-producing interventions with children and young people and/or adults at risk, their families/carers whilst taking account of any risk factors
- 3.8 What needs to be considered when sharing outcomes from safeguarding enquiries

You are able to work in ways that:

- 3.9 Support children and young people and/or adults at risk and their families/carers to identify factors, situations and actions that may cause, or lead to harm and abuse

- 3.10 Support children and young people and/or adults at risk to identify what needs to be in place to avoid situations that may lead to harm or abuse
- 3.11 Support children and young people and/or adults at risk and others to agree procedures to follow if situations, events or behaviour occur that could lead to harm or abuse
- 3.12 Use a co-productive approach to agree fair, safe, consistent and understandable boundaries with children and young people and/or adults at risk to keep them safe
- 3.13 Support children and young people and/or adults at risk to recognise when the behaviour towards them or others is inappropriate or unacceptable
- 3.14 Ensure that immediate action is taken where there are signs or symptoms of harm or abuse or where this has been disclosed or alleged
- 3.15 Challenge behaviour or actions that may lead to harm or abuse
- 3.16 Ensure that records and reports meet **legislative and organisational requirements**
- 3.17 Follow agreed procedures to pass on reports and information about suspected or disclosed harm or abuse within confidentiality agreements
- 3.18 Ensure that communication is conducted in a way that recognises confidentiality within the boundaries of safeguarding
- 3.19 Use supervision and support to consider the impact on self and others of suspected or disclosed harm or abuse
- 3.20 Continually reflect on own behaviour to ensure that it does not contribute to situations, actions or behaviour that may be harmful or abusive
- 3.21 Access additional support for situations that are outside of own expertise, role and responsibility

Range

Legislative and organisational requirements: are detailed, accurate, timed, dated and signed, adhere to confidentiality agreements, avoid the use of statements that could adversely affect the use of evidence in future investigations and in court

Unit 445 Safeguarding individuals

Supporting Information

Guidance for delivery

The following resources will be of particular importance in the delivery of learning for this unit:

- Social Services and Well-Being Wales Act (2014) Safeguarding training materials
<https://socialcare.wales/hub/hub-resource-sub-categories/safeguarding>
- All Wales Safeguarding Procedures (2019)
http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/
- Welsh Government Safeguarding Guidance <https://gov.wales/safeguarding-guidance>

Legislative and regulatory requirements and national standards for safeguarding would include:

- Social Services and Well-Being (Wales) Act 2014 and associated Codes of Practice
- All Wales Safeguarding Guidance <https://gov.wales/safeguarding-guidance>
- Whistleblowing
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons
- Children Act (1989 and 2004)
- Working Together under the Children Act 2004
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- WASPI (Wales Accord on the Sharing of Personal Information) –
<http://www.waspi.org/home>
- Human Rights Act 1998
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Safeguarding of Vulnerable Groups Act 2006
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act

On Gov.UK (so not bilingual)

- Protection of Freedoms Act 2012
<https://www.gov.uk/government/publications/protection-of-freedoms-bill>

Others (for safeguarding process): could include:

- Foster carers
- Kinship carers
- Connected persons
- Care and support workers

Principles that lead to an effective safeguarding system for children:

Principle 1: The wishes, needs and well-being of the child are put first, so that they receive the care and support they need before a problem escalates.

Principle 2: All practitioners who come into contact with children are alert to their needs including any potential or suspected abuse or risk of abuse or harm and understand what action they should take.

Principle 3: All practitioners share appropriate information and have direct access to advice to discuss any concerns about a child.

Principle 4: All practitioners are able to use their professional judgment to put the child's needs and personal outcomes at the centre of the system so that the right solution can be found for them.

Principle 5: All practitioners working with a child operate in a multi-agency and co-operative way to safeguard and promote a child's well-being, record decisions appropriately and regularly review progress against the outcomes set out in care and support plans.

Principle 6: All practitioners who come into contact with children are able to access professional strategic leadership which supports the practitioner to achieve desired outcomes for the child.

Principles that lead to an effective safeguarding system for adults at risk:

Principle 1: The individual's personal outcomes are known and they are able to communicate them effectively;

Principle 2: The needs of the individual are put first, so that the adult receives the care and support they need before a problem escalates.

Principle 3: All professionals who come into contact with adults at risk are trained and alert to their needs including any potential or suspected abuse or risk of abuse or **neglect**.

Principle 4: All professionals share appropriate information in a timely way, and have direct access to advice to discuss any concerns about an individual.

Principle 5: All professionals are able to use their expert judgement to put the individual's needs and personal outcomes at the centre of the system so that the right solution can be found for them.

Principle 6: All professionals work in a multi-agency and co-operative way to safeguard and promote an adult at risk's well-being and regularly review progress against the outcomes set out in care and support plans.

Types of interventions: these are included in the All Wales Safeguarding Procedures (2019) http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/

Wales Safeguarding Procedures (2019) provide guidance for practitioners involved in safeguarding about how things are to be done. The Wales Safeguarding Procedures build on the statutory guidance of the Social Services and Well-Being (Wales) Act 2014, part 7 Safeguarding and specifically Working Together to Safeguard People volumes 1, 4, 5 and 6.

The Procedures have been written to provide clear guidance and expectations for safeguarding both adults and children. They aim to help anyone who works with adults or children (whether

through paid or unpaid work) to apply the legislation and statutory guidance of the Social Services and Well-Being (Wales) Act 2014 to their roles and duties by explaining what their responsibilities are and how to meet them. That “Safeguarding is everyone’s business” is clearly stated within the Procedures which also clarify what is required of people in specific roles. The Procedures use consistent language and terms.

The Wales Safeguarding Procedures ensure that safeguarding practice accurately reflects statutory guidance and is standardised across all agencies and all of Wales. The Wales Safeguarding Procedures replace the All Wales Child Protection Procedures 2008 and the Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse 2010 (updated 2013)

The Wales Safeguarding Procedures are made-up of:

2 sections to cover the whole-life age range:

- Procedures that are specific to children
- Procedures that are specific to adults at risk

And 1 section about workers:

- Procedures relating to allegations against practitioners

The sections provide clear guidance on:

- Safeguarding principles
- Early intervention and help
- Duty to report
- Initial Enquiry and Responding to a Report, including timescales
- Decision Making
- Planning and Intervention
- Cross-border working

And also:

- Pointers for practice in working with children
- Pointers for practice in working with adults at risk
- A set of practice guides about the safeguarding of children in specific circumstances

Related NOS

SCDHSC 0431 Support individuals who have experienced harm and abuse

Related legislation and guidance

- Social Services and Well-Being (Wales) Act 2014 and associated Codes of Practice
- All Wales Safeguarding Guidance <https://gov.wales/safeguarding-guidance>
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons
- Children Act (1989 and 2004)
- Working Together under the Children Act 2004
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- WASPI (Wales Accord on the Sharing of Personal Information) - <http://www.waspi.org/home>
- Human Rights Act 1998
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)

- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Equality Act 2010
- Safeguarding of Vulnerable Groups Act 2006
- Social Services and Well-being (Wales) Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act

On Gov.UK (so not bilingual)

- Protection of Freedoms Act 2012
<https://www.gov.uk/government/publications/protection-of-freedoms-bill>

Resources

- Social Services and Well-Being Wales Act (2014) Safeguarding training materials
<https://socialcare.wales/hub/hub-resource-sub-categories/safeguarding>
- SSWBA part 7 safeguarding <https://socialcare.wales/hub/statutory-guidance>
- All Wales Safeguarding Procedures (2019)
http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/
- Welsh Government Safeguarding Guidance <https://gov.wales/safeguarding-guidance>
- All Wales Practice Guides for safeguarding children and young people
http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/chi/index.c6.html?nocache=0.5229602397989326
- Office of the Public Guardian – safeguarding
<https://www.gov.uk/government/publications/safeguarding-strategy-2019-to-2025-office-of-the-public-guardian>
- Charitable organisation safeguarding
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities>
<https://www.gov.uk/guidance/charities-how-to-protect-vulnerable-groups-including-children>
- DBS checks <https://www.gov.uk/government/organisations/disclosure-and-barring-service>
- Eligibility <https://www.gov.uk/government/collections/dbs-eligibility-guidance>
- DBS referrals <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>
- Live Fear Free <https://livefearfree.gov.wales/?lang=en> / <https://livefearfree.gov.wales/?skip=1&lang=cy>
- Modern Slavery <https://www.north-wales.police.uk/advice-and-support/stay-safe/modern-slavery>
- National Independent Safeguarding Board - practice reviews
<http://safeguardingboard.wales/practice-reviews/>
- Prevent duties
- Code of Professional Practice and Practice Guidance issued by Social Care Wales

Appendix 1 Relationships to other qualifications

Links to other qualifications

This qualification has connections to the following qualifications:

- Level 1/2 Introduction to Health and Social Care and Childcare
- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)
- Level 4 Professional Practice in Health and Social Care
- Level 4 Preparing for Leadership and Management in Health and Social Care
- Level 5 Leadership and Management in Health and Social Care